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POPULAR ERRORS



ON THE

SUBJECT OF INSANITY

EXAMINED AND EXPOSED.

BY

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Introduction.

THE following essay owes its origin to the circumstance of my having read a paper in the spring of 1852, on an interesting subject connected with insanity, before the Medical Association of the College of Physicians, which, though not intended for publication, I was strongly urged by many of those in whose hearing it was read to commit to the press. Much as I felt flattered by a testimony of this kind, coming from persons so well qualified to pronounce an opinion upon any medical subject, there were circumstances connected with the paper which led me to hesitate before adopting the suggestion thus kindly thrown out. After mature reflection, I arrived at the conclusion that it was better not to follow the advice of those friends, for whose judgment generally I entertain the highest respect; but the circumstance led me to consider whether I

might not advantageously prepare another work, embodying some of the topics incidentally introduced into the original paper. I had long been of opinion, from general observation on what passed in society around me, that much ignorance and misconception prevailed upon the subject of insanity, even among persons whose condition in life and information upon other subjects were such as to lead one to anticipate a very different state; and I began to think that a short treatise, compiled for the purpose of exposing and refuting these popular errors, would enable me to comply in some measure with the wishes of my friends, and at the same time confer a benefit upon the public. The execution of the design has been retarded much longer than I anticipated by the frequent interruptions incidental to the uncertain nature of the profession in which I am engaged.

It is scarcely necessary to say that most of the views put forward in this work have been long held by physicians who have directed their attention to the study of this branch of practical medicine. It is, consequently, not the originality of the opinions that it contains that constitutes its claim to general attention, but the fact that

they are still not sufficiently known to the masses of the community. Most of the writers on insanity have composed their works for the instruction of professional readers simply ; their observations, therefore, though accessible enough to medical men, are sealed documents to the generality of readers : and are not calculated to correct mistaken impressions floating vaguely over the surface of society. If these are to be dissipated, a different style must be adopted from what is usual in systematic treatises, and the work must be especially addressed to those for whose benefit it is intended.

While this is the general character of the volume now presented to the reader, it is perhaps right to add, that there are some views brought forward within its pages which I have not seen broached elsewhere, and which appear to me, at the least, deserving of consideration ; and even in bringing before the notice of the reader what has been already remarked with sufficient clearness by other writers, I believe it will be found that some degree of novelty has been displayed in the manner of handling the subject.

Perhaps it may be said that the discussion of these topics ought not to be extended beyond

the votaries of medicine, whose duty it is to investigate everything connected with disease, and that ordinary men have no more business to concern themselves about the nature and phenomena of insanity than they have to inform themselves about the nature and phenomena of fever. While I fully admit that all attempts to popularise the study and practice of medicine, as at present commonly attempted to be done, can only end in disappointment and inconvenience, I conceive that the two cases are not at all parallel. Men do not require to devote their attention to the study of ordinary disease, for this simple reason, that, whenever they find themselves unwell, they are warned by their own sensations to send for a physician, and their good sense will lead them to follow his advice. But when a man is attacked by insanity, the nature of the affection is such, that in almost every instance, if he is to be treated at all for his complaint, he must be indebted to the kind interference of friends to procure him medical assistance. If, at such a juncture, his friends cannot recognise his state, or do not understand the proper course to be pursued, he is inevitably exposed to all the unhappy consequences of

their ignorance. Still further, the constitution of the country leaves the decision of many questions connected with insanity to the verdict of a jury, upon which every member of society, except medical men, may be summoned; and this circumstance of itself is a sufficient reason why every one is bound to make himself, to a certain extent at least, master of the subject. No such reason, it is needless to add, can be adduced to necessitate an acquaintance with other branches of practical medicine.

An essay of the kind now presented to the public obviously requires on the part of the author some degree of practical acquaintance with the subject of which it treats. Knowledge acquired merely from books, however useful in itself, can scarcely be sufficient to enable a writer to speak with authority upon disputed points, or to appreciate the importance of particular statements. It is necessary, therefore, for me to state, for the information of readers who may not be already aware of the circumstance, that I have enjoyed peculiar opportunities of making myself acquainted with the disease, and that, although of late years my attention has been principally devoted to the

study of general medicine, yet I have never ceased to feel a deep interest in everything connected with this important subject. Familiar from childhood with the varied phases of the malady, I have, since the commencement of my professional career, been placed in circumstances from time to time which brought me into contact with large numbers of the insane, having had medical charge of several of the public institutions of this city wherein they were confined.

It only remains for me to add, that the present work does not profess to be a regular treatise on insanity, but merely a brief examination of the more common errors that prevail regarding it. It consequently does not include any reference to the causes of the disease, interesting and important as that branch of the subject certainly is, beyond the incidental allusion contained in the eighth chapter; neither does it contain any account of the medical treatment proper to be pursued for the removal of the complaint, because such a disquisition would be obviously out of place in a work intended for general circulation.

Popular Errors,

ETC.

CHAPTER I.

OF THE NATURE OF INSANITY.

WHEN proceeding to discuss the various errors that are prevalent at present on the subject of insanity, it seems not an unreasonable course to commence our inquiry by considering whether the views generally entertained, as to its essential nature, are consistent with fact or not: because it must be obvious to every one that any misconception on so fundamental a point as this necessarily is, must exercise a very wide as well as a very pernicious influence upon every other part of the subject. And, although it may be supposed that the questions we are about to investigate do not immediately concern the great mass of society, yet a little reflection will be sufficient to convince every one that this is a mistake; and that there is no person, be his position or pursuits what they may, who is not personally interested in acquiring right views on the subject of insanity. It is quite true that physicians are the persons, above all others, whose duty it is to investigate the ques-

tions we are about to discuss ; because to them, by general consent, is entrusted the treatment of the iusane : but it is an error to suppose that they are the only persons who require correct information regarding them ; because there must necessarily be an interval in the history of every case of the complaint, during which the management of the patient must be left entirely in the hands of unprofessional persons. The symptoms of the malady very seldom, if ever, develop themselves so suddenly as to lead to an immediate recognition of the fearful nature of the attack at the period of its commencement ; and, until this has been discovered, it must be obvious that proper professional assistance is not likely to be resorted to. What renders this much more likely to occur in insanity than in any other complaint is, the circumstance that the nature of the disorder incapacitates the individual himself from forming a right opinion as to his own state or condition. In other maladies, the intellect, for the most part, remaining unaffected, the patient is himself the first person to become conscious of the change that has taken place in his condition, from a state of health to a state of disease ; and he is, consequently, the first to become aware of his danger, and to cry out for help. But not so in insanity, the essential feature of which is the obscuration or perversion of those faculties by which the individual estimates his own sensations, and his relations to others ; and, consequently, he is the last to discover those departures from his proper condition which constitute his disease. How important, then, is it, that, during the earlier stages of his

ailment, when the symptoms are as yet obscure, his friends should possess such a knowledge of his malady as will enable them to detect its real nature, and to provide for its appropriate treatment. To the individual himself it is a matter of incalculable importance. A mistake at this period may be the means of embittering the remainder of life, by unfitting him for the active duties of society, through the progress of a malady which might, by proper care, have been entirely removed. No man can calculate how soon he may be called upon, in the ordinary course of events, to undertake this painful but most important duty for some friend or other in the circle in which he moves ; and it is, therefore, plainly incumbent upon every one to bestow some attention upon questions which have such an obvious bearing upon the practical duties of civilised society.

The first idea as to the nature of insanity to which I shall advert, is one which was universally prevalent in ancient times, but now, if it exist at all, confined entirely to the lowest and most ignorant of the population, and that is, that the phenomena it gives rise to are the result of the direct and immediate agency of the evil spirit ; so that the person thus affected is the helpless victim of a superior power, controlling his thoughts, feelings, and actions, and directing them according to the bent of his own malignity. Viewed in this light, the unfortunate maniac is at once an appalling instance of the power of the wicked one, and an instrument in his hands for doing mischief. There can be no question that it is to the prevalence of this opinion in former ages, we are to trace much of

the cruelty and mismanagement practised towards the insane, even to a comparatively recent period. It led naturally and necessarily to the idea that they were outcasts from humanity, and identified more or less with that terrible being that was supposed to have claimed them for his own. It retarded the progress of scientific research into the history of the disorder, invested the whole subject with a peculiar horror, and impressed men with the idea, that as it was supernatural in its nature, so nothing could be done for its alleviation or removal.

I have said that the idea, when stated thus plainly, is now no longer entertained, at least among any portion of the higher classes of society, and so far it is well. But it is to be feared that, somehow or other, there still lingers a certain modification of this opinion not very clearly conceived, and still less capable of being clearly stated, among those who have not taken the trouble to think much or deeply on the subject. A vague impression that there may be, for aught anybody can say to the contrary, something of supernatural origin in these cases which differ so remarkably from the ordinary forms of disease. Such an idea, however modified or diluted, must manifestly exercise a most injurious influence on the minds of those who hold it. I do not now allude to an idea which I know is entertained by many amiable persons, though I am far from saying I concur in their view, to the effect that insanity, like every other ailment of the body, is the result of satanic agency, operating in some obscure and *indirect* way, through the intervention of natural causes, upon the human

frame. This opinion, though I believe it to be erroneous, is perfectly harmless, inasmuch as the channel of communication weakens the force which it is calculated to have upon a nervous and sensitive mind. But the idea that insanity, in its nature, bears any degree of analogy, however remote, to the demoniac possession spoken of in the New Testament, is so dangerous in its consequences, and so destitute of any solid foundation, that it requires to be fully exposed in order to prevent any mischievous effects resulting from it. For it cannot fail, so long as it continues to be held, to revive and perpetuate, to a certain extent at least, all those evils which in old times were productive of so much misery to the insane, and which even still can scarcely be said to be entirely removed ; and further, it must exercise a most painful influence upon persons of weak and timid minds, who are unable to control adequately their feelings, and who are unduly impressed by everything which partakes of the supernatural and the mysterious. In such individuals the balance of reason is easily disturbed, and the mere sight of a lunatic or of a lunatic asylum, coupled with this false notion of the nature of the malady, would be sufficient to bring on a degree of mental agitation that might easily terminate in insanity. To all such persons it cannot fail to be a matter of the greatest comfort to be informed, that there is no truth whatever in the idea that there is anything supernatural in the complaint, and that both Scripture and science testify, beyond the shadow of doubt, as to the fact, that whatever may have been the nature of demoniac possession of old, it was some-

thing essentially different from anything with which we are at present acquainted.

It is quite true that many cases of insanity present appearances which at first sight seem to countenance the idea here repudiated. Thus we find the muscular energy often augmented to a degree far beyond what we might suppose the unassisted power of nature capable of being. We find the disposition vitiated, the conduct depraved, the language abominable, the passions furious. Sometimes we find the mental faculties undergo a remarkable increase of vigour, totally at variance with the capacity of the same individual when in health; and the force and variety of the expressions used in common conversation, are as surprising as the amazing rapidity with which the words are uttered. Still further, the mischievous character of many of the actions of the insane, the absence of all motive for their commission, the suddenness of the impulses under which they act, and the total indifference which they manifest in reference to them after they are done, all seem to tally with the hypothesis, that they are but the unconscious instruments of some invisible power, which in this manner delights in manifesting its unrelenting hostility to the human race.

But, strange as these and other particulars that might be mentioned may seem to unprofessional persons, they are perfectly analogous to other phenomena of every-day occurrence in the history of medicine, which are universally admitted to be the result of ordinary disease, or of noxious agents acting on the corporeal organisation. Many of them can be

produced temporarily by the use of particular drugs ; and therefore must be allowed to be the result of no supernatural influence. But the most satisfactory argument that can be adduced to show that insanity, as it now exists, is a totally different thing from the demoniac possession spoken of in the New Testament, is the testimony that the Sacred Scriptures themselves afford as to the distinctness of the two affections. Thus, there is a distinct enumeration in Matt. iv. 24, of "those that were lunatic" and of "those that were possessed of devils," among a long list of human infirmities which were miraculously healed by the Redeemer ; and it is not to be supposed that both would have been mentioned if they were only different names for the same thing. Again, it is apparent from various passages in the New Testament* that demoniacs in those days enjoyed the remarkable faculty of recognising at a glance the character and condition of those who addressed them, which ordinary men did not. It is scarcely necessary to add, that no lunatic in modern history has ever exhibited anything at all approaching to this knowledge at sight. Further, it is quite plain that if there were any truth in the idea of the complaint being supernatural, no treatment founded on the ordinary principles of medicine could be effectual for its removal, which every day's experience proves to be the case. If these things are carefully and candidly considered, no doubt can possibly remain on any man's mind that there is no foun-

* See Matt. viii. 29 ; Acts, xix. 15 ; Acts, xvi. 17 ; Mark, i. 24, &c.

dation whatever for the idea, that there is anything mysterious in the nature or origin of insanity.

The second opinion to which it is necessary to advert is one which derives its importance not so much from the numbers who hold it as from their position, judges on the bench and other persons of education having expressed themselves in a manner calculated to confound insanity with crime. The former they conceive is the result of vicious courses pursued by the individuals themselves,* or by their immediate progenitors, and, *vice versâ*, the latter* has been attributed to the existence of a partial insanity. Such an idea as this, if unsupported by fact, must be obviously productive of the greatest mischief, because, without entering fully into the question of the criminal responsibility of lunatics at present, it must necessarily lead to the greatest uncertainty as to the proper course to be pursued towards them. Viewed in one aspect, every lunatic should be punished as a pest to society, and in another, every criminal should be treated with compassion. It is quite true that many cases of insanity are clearly traceable to the excesses of the individuals themselves, and that others may, with apparent probability, be referred to the vicious habits of their forefathers. It is equally true that in some instances it is extremely difficult to determine the precise limits where crime terminates and insanity commences ; yet it is contrary to every day's expe-

* Vide Mr. Sampson's "Criminal Jurisprudence in Relation to Cerebral Organisation." Lord Hale has stated, that "all crime is the result of a partial insanity."

rience to admit that all insaunity is associated with vice, or that all crime is the result of insanity. On the contrary, a very large proportion of cases occur in which no such connexion can, by any possibility, be traced. No one, I presume, will dispute that every man who commits a crime, or indulges in vicious habits, acts *as if* he were mad ; that is, he does not duly and correctly compare and weigh the consequences of his present actions, for if he did, he would undoubtedly abandon them. But then the difference between the two cases is this, that while the man in full possession of his faculties shuts his eyes to results that he does not choose to see, the poor lunatic, being blinded by his infirmity, is incapable of looking in that particular direction, and is, consequently, not acting against the impulses of his natural judgment. And what establishes still more clearly the distinction is, the manner in which the two mental conditions are established : vice developing itself gradually till it arrives at the full maturity of crime, while insanity arises more or less suddenly in consequence of the operation of some particular exciting cause. In vice there is never perceptible any change of character further than what is compatible with the growth of the principle of evil, but in insanity there very frequently is ; so that in a measure the identity of the individual seems to be lost in the transition. Further, vice is not necessarily accompanied with any disturbance of the animal functions, the greatest profligacy of character being quite compatible with the rudest health ; while insanity, except, perhaps, in some chronic cases of long standing, invariably is.

Taking all these things into account, and remembering that often the same surface aspect is associated with different internal conditions, we are led to the conclusion, that however closely insanity and crime may be connected, and however difficult it may be at times to distinguish them, yet they are essentially different in their nature, and deserve very different treatment at our hands.

The third opinion I shall notice is, that which may be called the modern theory of insanity, inasmuch as it has prevailed more extensively than any other in these last days, and has been maintained by many physicians as well as other well-informed persons. It consists in considering the complaint as depending upon a morbid condition of the immaterial principle of thought, as distinct from the physical structure with which that principle is associated. The existence of this hypothesis* may be proved by a reference to the general impression prevailing in the public mind and exhibited in the ordinary course of conversation, and still more distinctly by the writings of those who have treated on the subject.

Thus Lord Brougham, speaking on the subject of partial insanity, says†—"We are wrong in speaking of partial unsoundness, we are less incorrect in speak-

* Dr. Pritchard, in his "Treatise on Insanity," p. 235, says—"This last opinion, although it has been abandoned by the most enlightened physicians in England, is still prevalent among the public, as we know from the frequent inquiry whether such or such an example of insanity is the result of bodily disease or an affection of the mind itself."

† *Psychol. Journal*, No. VI. p. 325.

ing of occasional unsoundness. We should say that the unsoundness always exists; but it requires a peculiar topic, else it lurks and appears not. But the malady is there, and as the *mind* is one and the same, it is really diseased while apparently sound; and really its acts, whatever appearance they may put on, are only the acts of a morbid or unsound mind."

He explains further his views on this important subject, by stating that what are commonly called the faculties of the mind, are not so many distinct powers, any one or more of which may be diseased, while the remainder retain their integrity, but only so many different modes of its operations, in each of which the mind acts wholly and indivisibly, so that although it may actually exhibit a degree of unsoundness in some of its operations and not in others, it is impossible for it to be regarded, when such a state of things exists, as really sound in any of them. In confirmation of his views he quotes the recorded opinion of Sir John Nicholl (from which he says that of Lord Hale does not differ), that partial insanity is that which is only occasionally put forth, not that which exists only occasionally.*

Lord Coke's definition of a lunatic as one who rejoices at times in the enjoyment of lucid intervals, appears to me to be founded on this idea also, an in-

* Lord Lyndhurst's opinion of partial insanity is, "that the mind is unsound, not unsound in one point only and sound in all other respects, but that this unsoundness manifests itself principally with reference to some particular persons or objects."—*On the different forms of Insanity in relation to Jurisprudence*. By J. C. Pritchard, M.D., p. 16.

terval in this case being analogous to the intermission in an intermittent fever, where, though the symptoms have subsided for the time, the morbid essence remains, as proved by the return of the fit at the usual period.

But the existence of this hypothesis is sufficiently proved by the universal use of the terms generally employed when speaking of the insane. Thus we are constantly in the habit of speaking of the complaints with which they are affected as “disorders of the mind,” lunatic asylums are spoken of as “establishments for the cure of mental derangement,” while the only system of treatment that the public know anything of, as expressly adapted for such patients, is the moral system, as if that were something intended to make a direct impression upon the thinking principle independently of the material instrument by which it acts.

Several circumstances may be noticed as affording some foundation for the theory just stated to rest upon. These are, first—the marked difference that is observed to exist between insanity and ordinary affections of the brain, which is much greater than could reasonably be accounted for on the supposition that they are merely different kinds of morbid action attacking the same organ. Second, the absence, in many cases, of all *post mortem* evidence of structural alterations in the cerebral tissues, notwithstanding the care bestowed in the present day to discover their existence. Third, the fact that many cases of insanity are obviously the result of causes that operate immediately upon the mind itself; and lastly, the

benefit that is known to attend the moral system of treatment as already referred to.

Whether spiritual existences are really capable of undergoing any alteration in their condition at all analogous to the diseases that affect the corporeal organisation, is an inquiry we are altogether incompetent to decide in our present state of existence. Some persons, perhaps, may think that the various forms of moral evil, and the imperfections of human character which everywhere surround us, partake of this nature ; but even if this opinion were correct, it will only afford, as we have already stated, an additional reason for not referring insanity to disorder of the mental faculties simply ; but that it is the brain, the physical instrument of thought, that is affected in all cases of insanity, and not the mind itself, is now universally believed by every well-informed physician who has devoted the least attention to this subject. It is inconsistent with the dictates of sound philosophy, in the investigation of natural phenomena, to admit the existence of a second cause to account for their production, when we have already discovered one perfectly competent to meet all the necessities of the case. The simplicity manifest in every part of the Creator's works is the unanswerable argument for this assertion. Now, in the case before us, it is sufficient to observe that if we can account for all the phenomena to which insanity gives rise on the simple hypothesis of morbid alterations in the condition of the brain, it will be obviously unnecessary to resort to any further idea for its elucidation.*

* The importance of having right views on this subject will be

Before, however, proceeding to establish, by a more direct proof, that insanity is really a disease of the brain, it may be well to observe that the absence of *post mortem* evidence, even when it is satisfactorily proved to exist,* is no argument against the correctness of this opinion, because such a result may merely arise from the real changes being too minute to be detected by the processes in ordinary use for anatomo-

apparent from the following quotation:—"No one shudders at hearing a person talk incoherently whilst he is labouring under the hot fit of a fever, because the mind is regarded as suffering for a season from some disturbance in the organic functions; it is only by constantly looking upon insanity in this light that the attendants in a bedlam spare themselves much uneasiness, and acquire the means of being useful to the sufferer. The horrible character of insanity, and the confused notions and vulgar errors which prevail respecting its nature, seem to arise from its being considered as caused by some secret and mysterious change in the mind, which, by a sort of noble superstition, is exalted above corporeal organs. It is desirable to teach the imagination habitually to consider the evil as the result of physical causes, and thus prepare the way for the influence of external circumstances, which so often contribute to the alleviation and the cure."—*Ed. Med. and Surg. Jour.*, 1814. p. 66.

* The cases are comparatively few in which no evidence of structural lesion can be detected, though it must be admitted there is frequently ground for believing that such lesions are the consequence, and not the cause, of the malady. Sir W. Ellis found them in 207 instances out of 221 patients that he examined. See "Holland's Notes," second edition, p. 241.

"We never saw a case of mental derangement, even when it was traceable to a moral cause, in which there was not reason to believe that bodily disease could have been detected before the earliest aberration, had an opportunity of examination offered."—*Cheyne's Essays*, p. 157.

mical investigation. When we consider the impossibility of our tracing the least correspondence between the nervous structure and the functions that its several parts fulfil, we can well understand how easy it is for it to suffer changes sufficient to interfere with the due discharge of its office without our being able to discover in what way the interference operates. When we examine any other part of the organisation, a muscle or an artery, we can at once perceive an obvious fitness in the structure to answer the purpose it was designed to accomplish, and if there be any deviation from the healthy state, we can not only recognise its occurrence, but we can also perceive wherein the alteration operates injuriously. But it is impossible to reason thus in reference to the nervous substance. Whenever morbid changes are perceptible in it we may recognise their existence, and we naturally infer, if derangement of function has been observed during life, that such changes were the cause of that derangement; but how, or in what manner they were so, we are unable to conjecture. Bearing in mind, then, our present ignorance of the intimate structure of this part of the economy, it is certainly not assuming too much to believe that there may be minute molecular alterations in every case of insanity, even though we do not always succeed in discovering them.

As to the argument deduced from the moral system of treatment, it literally proves nothing. Every experienced physician admits at once the value of this system as ancillary to medical treatment, properly so called; but it is necessary to understand its mode of

operation before its bearing upon the question at issue can be fully understood. It consists essentially in removing all sources of irritation from the patient's mind, throwing into repose those faculties that happen to be excited, and calling into activity the others that remain in a healthy condition. In doing this, it proceeds upon the very same principle which leads a medical man to prevent his patient walking on an inflamed foot, or reading with an inflamed eye. It is the *rest* that is useful in disease of the brain as well as in that of the body. Activity of an intellectual faculty is accompanied with vascular action as well as the motion of a joint, and it is by keeping down the circulation of the blood in the part that the benefit is procured. It is obvious, therefore, that, however the expression "moral system of treatment" may suggest the idea that it consists in a series of metaphysical expedients directed to the purely immaterial part of our being, it is really a judiciously contrived part of the medical treatment properly so called, and acts upon the physical organisation in the same way that other remedies do.

But let us proceed to consider some of the direct proofs that insanity is a disease of the brain. In the first place, in recent cases of the disease there always exists more or less derangement of the general health. This is not likely to occur, or, at all events, would not be uniformly observable, were the affection purely a spiritual one. The universality of the concurrence of the two conditions affords a strong ground for supposing that the perversion of the intellectual faculties is the result of the corporeal derangement that attends it.

It is true that this state of things does not continue uniformly to last. Sometimes we find that the animal functions resume their healthy tone, although the mind remains unimproved ; but this is only in conformity with a general law in the economy, prepared for the wisest and most beneficent purposes, by which, whenever one part of the system becomes permanently impaired, the rest accommodate themselves to its altered condition, so as to keep the animal mechanism working in tolerable order. But the great majority of lunatics, including even the incurable, exhibit more or less evidence of disordered bodily health.

In the second place, all the circumstances which are known to give rise to the disease act upon the physical organisation. This is plainly the case when the attack succeeds to severe injuries, exposure to the direct rays of the sun, intemperance, or any other purely physical cause ; but it is not so obvious when it is preceded by a sudden fright, by an unexpected calamity, by violent emotion, &c. : because these may be supposed to produce their effect solely upon the immaterial spirit. But it requires very little acquaintance with the laws of nature to understand that although these are essentially spiritual agencies, yet they exercise a very marked and a very manifest influence on the corporeal organisation. How suddenly has a person in rude health lost all sense of hunger on hearing, as he sat down to dinner, some unwelcome intelligence ! How frequently do we see a person jaundiced by a fit of anger, or an attack of syncope brought on by some overpowering emotion ! These and other instances, with which most persons

are acquainted, establish beyond the possibility of doubt the intimate relationship that exists between the mental principle and the body, and prove that circumstances which act in the first instance upon the mind, do, at the same time, exercise a most important influence upon the physical organisation.

In the third place, no person who is in the habit of paying the least attention to the operations of his own mind, can have failed to notice the alterations produced by ordinary disease upon the state of the mental faculties; or can have the least hesitation in admitting that the changes in their condition which are noticed in insanity, can be all easily explained on the supposition of their being connected with a corresponding alteration, either functional or structural, in the material instrument of thought. Who has not observed the fretfulness of children when suffering from dentition? or the irritability of temper that is connected with certain forms of dyspepsia? Hepatic congestion is frequently attended with unaccountable depression of spirits, and even changes in the weather often give rise to the most painful and melancholy sensations. How often are the intellectual faculties rendered dull after a night's dissipation; while, on the other hand, they are quickened and invigorated by the use of opium and other drugs. These and similar facts plainly prove that the state of the animal functions exercises a most important influence upon the power and vigour of the mind itself.

The same conclusion is established by a consideration of the benefit that attends purely medical treatment in these cases. What possible effect can the use

of shower-baths, the internal administration of medicine, the application of blisters, and similar remedies, have upon the immaterial spirit? Upon the organisation with which that spirit is connected they may have a great deal, but upon the spirit itself it is absurd to suppose they can have the least. Everything, in fact, connected with this subject proves beyond the shadow of a doubt that the disease is seated in the brain, and not in the mind. And it is a great comfort to every reflecting person to be able to embrace this opinion; for, however melancholy the condition of a patient may be, under this hypothesis, and however faint the prospect of his recovery, it is not saying too much to assert that, under the other hypothesis, his condition would be infinitely more melancholy, and the prospect of his recovery infinitely fainter: inasmuch as we should be shut up to the conclusion that the resources of art are of comparatively little avail for his restoration, and that nature must be left to take its own course, either to spontaneous recovery or to permanent and hopeless imbecility.*

The bearing of this opinion upon the medico-legal

* In the history of St. Luke's Hospital, London, we have a striking commentary upon the different results flowing from the two theories here put in opposition. From 1791-1800 the physicians in attendance entertained the idea that the malady was purely psychical, and having no faith in medicine, relied almost exclusively on moral means, combined with good diet, exercise, and occasional aperients; but the proportion of recoveries during that period was 11·5 per cent. lower than that between 1831 and 1849, when a treatment founded on the cerebral origin of the disorder was resorted to.—*Psych. Jour.*, No. xvi. p. 572.

aspects of insanity is of vast importance. If the disease be seated in the mind, then, adopting the reasoning of Lord Brougham, it must necessarily follow, from the unity and indivisibility of that principle (which is itself a consequence of the nature of personal identity), that whenever the mind indicates the slightest unsoundness in any of its operations, it is really, though not apparently, unsound in all; and hence the most trifling degree of insanity will exempt a lunatic from responsibility for crime, and incapacitate him from executing deeds, just as much as the most confirmed. Whereas, if the disease be seated in the physical instrument of thought, such a conclusion will not necessarily follow, inasmuch as no such necessity exists for considering the brain as a single organ, the whole of whose structure is involved in every distinct act of its living operations. Partial insanity, or, as it is more commonly called, monomania, is accordingly placed in a very different position, according as the one view or the other is adopted; and it requires very little acquaintance with the subject, to perceive that the explanation afforded by the corporeal theory is infinitely simpler and more consistent with what is observed in nature than that afforded by the psychical.

Were we to consider the brain as a single organ, and not a congeries of organs, and to imagine that the various faculties of perception, comparison, imagination, &c., were only so many distinct modes of its operation, we should still be very far from arriving at a correct idea of the matter, because then it would follow, as a matter of course, that whenever the brain

became affected with insanity in any degree, it must betray the change in its condition by the irregular manner in which *all* the mental operations would be carried on. There could be no such thing, under those circumstances, as morbid pereeption and healthy comparison, &c. All must be diseased or all healthy. But we know, from every-day experience, that instances do frequently occur in which the morbid action is limited to certain classes of faculties, and does not extend to the whole. We know, further, that a trifling amount of injury affecting one portion of the cerebral mass will seriously impair the intelligence, while a much more extensive injury in another will appear perfectly innocuous. How is this to be accounted for, unless on the supposition that the function of intelligence is more closely connected with the one than with the other? Again, we know, from the discoveries of the late Sir Charles Bell, that there are, throughout the body, two distinct nervous filaments enclosed in the same sheath, and presenting to the eye the same external appearance, yet all the while possessing different properties and performing totally distinct offices, the one being connected with the functions of sensation, the other with that of motion; in other words, the one being subservient to that power by which we take cognizance of external objects, and the other to that power by which we exercise voluntary movement. Is it, under these circumstances, a matter of difficulty to conceive that distinct portions of the brain, though closely adjacent, and presenting to the eye an identical similarity of structure, may have distinct and separate functions to perform?—and ought we to be surprised if the la-

hours of the pathologist and of the physician necessarily shut us up to this conclusion ?

I know that a strong feeling exists in many minds against admitting the principle here contended for, because it is supposed that such an admission is the first step towards materialism ; but such an idea is entirely without foundation. That the brain is the instrument of the mind, by which it manifests its operations of thinking, feeling, &c., is admitted by everyone ; but this is a distinct thing from admitting that it is the mind itself. So far as we know, the mind cannot manifest its operations without the brain being in a state of integrity ; but it must be obvious that both the mind and the brain may be in a state of perfect vigour, and yet, owing to defects in other parts of the corporeal organisation, the person may be unable to communicate his thoughts. Thus, the tongue may be palsied, and the person be unable to speak ; the hand may be cut off, so that he shall be unable to write or to make signs. The brain is but the point of contact between the immaterial essence on the one hand, and the material organs on the other—where the circle is completed, and that electric current (so to speak) is established, which eventuates in the activities of social life.

Admitting, then, that the brain is a congeries of organs connected in some mysterious manner with the manifestations of the human mind, as is universally believed by all well-informed medical men, it follows, as a matter of course, that such a thing as partial insanity may occur, and that it may present every variety of symptom and every possible shade of intensity, according to the peculiar organs that may

be attacked, and according to the nature of the morbid action engaged. And although the admission of this truth may involve jurists in the most perplexing difficulties in determining the competence and criminal responsibility of monomaniacs, yet it is necessary, in investigating questions connected with natural science, to take the phenomena as they really exist, and not to shut our eyes to facts which will not tally with our preconceived opinions. It is infinitely better to admit the principle that partial insanity does not in all cases exculpate from crime, and to endeavour, in doubtful instances, to establish a proper tribunal for the settlement of the difficulty, than to maintain the irresponsibility of lunatics in all cases, and to ignore the existence of a very large and important class of cases of this affection. And what is true of criminal cases holds equally in civil cases also.

There are still two other opinions to which it is right to direct the reader's attention ; but as they do not appear to be very generally entertained, it will not be necessary to dwell on them at any length. The first is connected with the doctrines of phrenology. Regarding the brain as a congeries of organs, they look upon insanity as merely a want of proportion between the various powers of which it consists. A defective education acting upon an originally ill-constituted organisation exaggerates the evil, and gives rise to all the extravagance and absurdity which are met with in lunatics. Well-informed votaries of that peculiar system of mental physiology, it is needless to say, are not justly chargeable with holding this opinion, but there can be little doubt that many persons who are only imperfectly acquainted with the

subject do fall into the mistake which requires to be exposed. They regard the hereditary character of insanity as a strong proof of the correctness of their views. Now, admitting fully the extreme importance of a judiciously-directed education, as a means of preventing the outbreak of the disease, especially in persons constitutionally predisposed to its attacks, I must altogether deny that insanity is nothing more than an ill-regulated mind. Such a mental condition may, indeed, lead a man to exhibit great waywardness of disposition, violence of temper, and eccentricity of thought, language, and action; but these, even when carried to an exaggerated degree, are not insanity, properly so called. Something more is necessary to constitute that affection, and that is, the invasion of disease. It is true that minds thus constituted are more prone than others to be thus affected; but the tendency to take on diseased action is a very different thing to the diseased action itself, however closely it may be allied to it.

The other opinion, which was broached a few years ago, in a little work published by the Rev. John Barlow, in London, entitled "Man's Power over Himself to control and prevent Insanity," is, that, except in cases where the cerebral organisation is completely destroyed, it consists in an indisposition on the part of the individual to make a right use of the power of volition. His words are:—"Nothing, then, but an extent of disease which destroys at once all possibility of reasoning, by annihilating, or entirely changing the structure of the organ, can make a man necessarily mad. In all other cases, the being sane or otherwise, notwithstanding considerable disease of

brain, depends on the individual himself.”* And he goes on to establish his proposition by quoting several instances from the writings of Pinel Esquirol and others, to show that lunatics have been cured by a forced voluntary effort on their part, the result of fear induced by intimidation, the actual cautery, or other violent remedies. Now, while I freely admit that lunatics often retain a very considerable degree of self-possession, and that this can in many cases be made use of as an auxiliary means of promoting their recovery, yet I cannot but feel that the assertion contained in his work, however well-intended in itself, is much too sweeping to be admitted without hesitation, and that no sufficient proof is given to establish the dogma that inaptitude to exercise the principle of volition aright constitutes the essence of insanity. Were this the case, what distinction could be drawn between insanity and crime, and what would become of the evidences of physical disturbance that are almost invariably found associated with the development of mental derangement? It is true that Mr. Barlow distinctly excepts those cases in which the cerebral structure is completely disorganised; but how is this to be known during life? and if a certain amount of structural change in the brain is capable of destroying the voluntary power of the individual, so as to render him an irresponsible being, who shall venture to say that a smaller measure of the same alteration may not produce effects sufficient to destroy in a similar manner his accountability as a moral agent?

CHAPTER II.

OF DEFINITIONS OF INSANITY.*

NOTHING is more common in the course of trials involving questions of insanity, than for the medical witnesses who are under examination to be called on to give a definition of the disease. The avowed object for which this course is pursued is to test the skill of the witness, and to enable the jury to form some idea as to his competency to pronounce an opinion upon the case before the Court; for, if he be not skilled in this particular department of practical medicine, it is a matter of very little consequence what he thinks or says upon the subject. Let his reputation in other branches of the profession be ever so high, his opinion as to the point for which he is summoned goes for nothing, and carries no more weight than that of any ordinary observer. But while no practice is more common, none can be more unfair, both to the professional man under exami-

* Perhaps it may be thought that the following chapter has been penned under a feeling of personal irritation arising from some rough treatment under examination in the courts; but this is not the case. In the only instances in which the author has been engaged in trials of this nature he has had no occasion to complain of the conduct of members of the bar; but he would refer to the inquisition into the state of mind of Mrs. Cath. Cumming, reported in the *Psychological Journal*, No. xix., for a striking confirmation of the statements here made.

nation and to the ends of justice. And what sufficiently establishes this unfairness is the circumstance that such a question is never asked by the barrister who is engaged on the same side with the witness, but always by his antagonist; whereas, were it intended to be a *bonâ fidè* test of the knowledge and attainments of the medical man simply, it ought to be as often put in the direct examination as in the cross. The legitimate duty of a lawyer is evidently to assist in investigating the real facts of the case, and in promoting the ends of justice between man and man. Any attempt upon his part to overstep this limit, and to advance the interests of his client at the expense of judicial truth, is to betray his trust and to mistake his proper office. Now, the unfairness of the course here condemned consists in this, that it is impossible for any one, however deeply learned he may be in the metaphysical department of insanity, or however familiar with its practical management, to give a real definition of the disease. The skilful lawyer who asks the question is quite aware of the difficulty, and is fully prepared to turn the answer he receives to his own advantage. If the medical man hesitates to furnish the required definition, he is immediately held up to the jury, who are most likely not acquainted with the motive for which the question is asked, as an ignorant pretender, who attempts to speak on a subject he does not understand, and who would not know a madman if he met one. If, on the other hand, he makes the attempt, he is sure to have his definition torn to pieces by the skilful antagonist he has to deal with, to his own infinite mortification

and to the amusement of the court. It is of importance, therefore, that the public (for from among them juries are selected) should be made thoroughly acquainted with this fact, that it is utterly impossible for any one to give an unexceptionable definition of insanity. A definition, to be logically accurate, ought to embrace every case of the disease that can possibly occur, and ought, at the same time, to exclude every case that does not properly belong to it, however similar it may be in its general features, or however closely it may approximate to it. No disease is capable of being comprehended within the narrow limits of a definition : for this obvious reason, that if it were possible thus to define it, the definition ought to be equally applicable to the disease at every period of its history—to the first moment of its development as well as to the crisis of its maturity. Diseased action, as every one knows, exhibits different stages in its progress, corresponding to which may be noticed a diversity in the symptoms. If this diversity did not exist, it would be impossible for the medical man to pronounce any opinion as to the course the disease is taking, or the treatment it requires. But this division into stages must evidently prove an impassable barrier to the attempt to establish logical definitions in medicine ; because a logical definition can only express a group of symptoms co-existing together at any particular moment : whereas, what is commonly understood by a disease is the sequence of certain phenomena taking place in regular succession. What renders this still more obvious is the fact, that the symptoms of any disease may vary in consequence of

variations in the intensity of the peculiar morbid action on which it depends. Morbid action may differ in its intensity as well as in its nature. In this respect the vital force corresponds to the electrical: it may be weak or strong, feeble or full of power. In the one case, its presence may be so obscure as to be recognised with difficulty—in the other it may be so obvious as to force itself upon the attention of every observer. And whatever is true of the vital force in health, is equally applicable to the vital force in disease. Morbid action is only the vital force altered to a certain extent, and the symptoms it induces are merely the manifestations of that alteration. Hence, when the intensity of disease is trifling, the symptoms it produces will be less prominently marked than when it is greater, and some of them may even be so obscure as to escape notice altogether. It is obvious that a strictly accurate definition is quite inconsistent with the idea of such diversities in the attending symptoms.

But even if it be admitted that a definition, in medical language, means nothing more than a brief comprehensive description of the leading features of a complaint, it must still be remembered that even this cannot be furnished in a way that shall not be open to plain and pressing objections. The justly celebrated Cullen, whose labours in nosology must ever remain a standing monument to the greatness of his genius, with all his talent has failed to accomplish this task. Beautiful and valuable as are the generality of his definitions, they can still only be regarded as approximations to what is required, and as

by no means expressing the whole history of each disease. The truth of this might be illustrated, if necessary, by a reference to his definition of fever—one of those which are most generally admired for their beauty—many cases of which occur without presenting a single feature in common with his definition. But, perhaps, the simplest argument in support of the view here contended for, will be found by a reference to small-pox. Unprofessional readers will readily imagine, that of all the diseases with which men are afflicted, none ought to be simpler, or more susceptible of a ready description, than this ; yet it is a well-known fact, that cases frequently occur which embarrass the most experienced physician, to say positively whether they are small-pox or not, and which would not even at length be settled, but for the occurrence of others at the same time, presenting similar features, but bearing a more obvious resemblance to the complaint.

If this be so in reference to the most obvious maladies that affect the corporeal system simply, can it be a matter of surprise that a similar difficulty should be experienced in attempting to give a definition of those that are concerned with the operations of the mind ? Why should that be expected in psychical science which cannot be obtained in physical ?

Perhaps, as the subject is important, it may not be altogether out of place to elucidate the point still further, by a reference to one or two of the supposed definitions of insanity, and to show how they fail in answering the purpose for which they have been framed. In doing this I shall select those which are

best known and most highly thought of. Let us commence with that which has been furnished by Locke, in his "Essay on the Human Understanding." "Herein," he says, "seems to be the difference between idiots and madmen, that madmen put wrong ideas together, and so make wrong propositions, but argue and reason right from them; but idiots make very few or no propositions, and reason scarce at all." Now, this definition is perfectly correct, so far as it goes. Lunatics are frequently guilty of the absurdity of putting ideas wrongly together, while, from the premises thus formed they do occasionally deduce fair and logical conclusions; and any person who should act in this manner would undoubtedly be considered to have lost his reason. But unfortunately for the accuracy of the definition, it by no means includes all those who are justly considered insane. On the contrary, it embraces only a very limited proportion of the total number. Many persons betray the unsoundness of their minds by the bizarre and eccentric manner in which they conduct themselves, rather than by any fault in the reasoning powers, properly so called. In these cases the regulating principle that controls human actions appears to be principally affected. Many persons, again, have a perfectly clear conception of the premises, but deduce false conclusions from them; as, for example, where individuals suppose that that conduct is allowable and right in themselves which they freely admit would be wrong in others. If a simple abstract proposition be submitted to such persons, they will at once, and without difficulty, give a true and

reasonable answer to it; but if you attempt to apply it to themselves—if you say, why then do you not act in accordance with what you so freely admit, they will either assign some particular or unfounded reason for its not being applicable to themselves, or they will not perceive that the two cases are at all analogous.

In many persons, also, it is impossible to say whether the intellectual errors that are obvious to the world have their origin in false premises established by the patient, or in erroneous inferences deduced from them.

It would be easy to illustrate these several propositions by illustrative cases from the recorded experience of others, or my own observations, were such a course of proceeding necessary; but as the object I have in view is only to point out the impossibility of accomplishing what is so commonly demanded of medical witnesses, I shall not do more than remark, that a definition which fails to include so large a number of cases as this does, must be clearly unfit to be regarded as a classical standard of insanity.

The next definition I shall refer to is one that is highly esteemed in our courts of law, and indeed may be considered as the rule that guides the decisions of our judges—it is that which makes insanity consist in the existence of delusion, and is thus expressed by Sir John Nieholl:—"The true criterion, the true test of the absence or presence of insanity, I take to be the absence or presence of what used, in a certain sense of it, is comprisable in a single term—namely, delusion." This definition, like the last, omits all notice

of those cases of insanity which are comprehended under the geueal title of moral insanity, and which depend upon a morbid state of the feelings and sympathies rather than of the purely intellectual faculties. This form of insanity, though generally disallowed by legal authorities, or rather, perhaps, I should say, altogether rejected by them, is universally recognised by the best medical writers who have treated of the subject, and is frequently met with in actual practice. But without dwelling upon the objection that may be raised to the definition upon this ground, it is sufficient to say that it errs still further in including within its compass a large number of persons who have no right to be considered as insane.

By delusion we are to understand, as I conceive, a permanent misapprehension of facts, fixed in the mind of the individual, the folly or unreasonableness of which, though obvious enough to the generality of rational men, cannot be made apparent to the person himself. Used in this sense, a very large number of persons must be considered as labouring under delusions of some sort or other. In saying this, we are to remember that the term delusion does not imply simply that they have embraced opinions which are inconsistent with fact, but that their minds are so perverted by prejudice or so blinded by habit as to be unable to see the unsoundness of the opinions they have adopted, though clearly demonstrated. Any one may fall into a mistake from ignorance or imperfect information, but the difference between misconception and delusion lies in this, that while the opinion entertained by the individual is equally erroneous in the

two cases, the mind in the former is open to conviction, in the latter not. Remembering, then, that the essence of delusion consists in an incapacity to discern the truth and to feel the force of logical deductions, I think it is not going too far to say that the greater portion of mankind are labouring under some delusion or other. Yet it does not by any means follow because they labour under these delusions that they ought to be considered insane—on the contrary, a wide, a very important difference can be detected between the delusions of those who are justly to be considered rational and those who are insane. This difference, I believe, will be found to be in the influence which the two classes of delusions exercise upon the conduct of the individual who holds them; in the one case it is a purely speculative opinion, in the other it is eminently practical.

For example, many well-educated persons in the present day are firmly persuaded of the truth of all the marvels of clairvoyance, an opinion which is considered by intelligent physicians to be a gross delusion on the part of those who entertain it. But however firmly fixed this opinion may be in their minds, however impossible it may be to convince them that they are the dupes of a cunning cheat, still if it go no further, if it exercise no practical effect upon their thoughts, or feelings, or actions, it is certainly not an insane delusion. It is an error of judgment, and nothing more. But if it should be found that the idea has taken such a forcible possession of a man's mind as to lead him to suppose that he is the subject of mysterious influences from a distance—that while he

is waking or sleeping, experiments are being made upon him by strangers whom he cannot see or control — that by means of this incomprehensible discovery, his thoughts are penetrated, his judgment influenced, his feelings moved, then it is plain that it has become more than a mere error ; it is a delusion, and more, it is the delusion of a madman. A very common error prevailing on the subject of insane delusions is, that in order to constitute any idea a delusion it is necessary that it should be totally destitute of foundation. Now, this is a mistake ; a perverted view of real facts may be as truly a delusion as if they were altogether the airy phantoms of a heated imagination. If a man who had never been at court, and never had an opportunity of seeing the Queen, were to imagine that in some unheard-of way her Majesty had fallen in love with him, and under this impression were to write letters to her, and do other extravagant things, no one would hesitate to say that he laboured under a delusion of the grossest kind. But the case would not be a whit altered if the person holding it had actually attended levees and been taken notice of by her Majesty in some ordinary way.

In the same way, when a lunatic entertains a violent hostility to some person whom he has not known, and with whom he never had a quarrel, no one will hesitate to say that the sentiment thus felt is the result of a morbid feeling exactly analagous to an unfounded delusion affecting the intellect ; but the circumstance that the parties have happened to have been really acquainted, and to have had some trifling misunderstanding, will no more prove that the feeling

is rational and proper, if it be exaggerated and out of proportion to the offence, than the occurrence of a similar slight foundation for an intellectual absurdity will prove the idea to be consistent with reason.

Many cases of this kind have been made the subject of trial, and the circumstance of a real injury having been sustained by the party inculpated has been adduced as an argument against his being considered insane; but not always with success. A man of the name of Ovenston was tried at the Central Criminal Court in 1847, for shooting a person to whom he was indebted, and who had ruined his prospects in life by issuing execution against him; and although there were many circumstances in the case calculated to throw considerable doubt on the state of his mind, yet the jury acquitted him on the ground of insanity. In this case, however, the wound was not fatal.

The next definition I shall refer to is one that has been given by the late Dr. Andrew Combe, of Edinburgh, whose admirable treatises on various medical subjects have done so much to diffuse among ordinary readers sound professional views. It is given in his work on mental derangement; and, although excellent in its way, is still open to very serious objections. He says that "it is the prolonged departure, without an adequate external cause, from the state of feeling and modes of thinking usual to the individual when in health, that is the true feature of disorder in mind." Now, this definition, as was to be expected from its distinguished author, has been evidently drawn up with much care. It embraces all those

cases of perverted action of the moral sentiments that constitute moral insanity, and that were, as we have seen, omitted in the two foregoing definitions ; and it excludes those instances of mere eccentricity, which, from their harmless nature, do not deserve to be considered in that light. But still objections may be raised to this formula, as well as to those we have already considered. In the first place, the use of the term "prolonged" is unwarrantable, when we consider that, if the morbid action which is taking place within the sensorium be really insanity, it is just as much so within the first hour of its development as it is after it has lasted a week or a fortnight. The evidence may be more conclusive at the end of that period, as to the nature of the attack, than it was at the beginning, but it is not a whit more real. And this is the more important to be borne in mind, as we shall have occasion hereafter to point out that it is a matter of the greatest moment to have the nature of the attack ascertained as soon as possible. A still more serious objection is, that transitions in the habits of thought and feeling of some patients take place so gradually and so imperceptibly, that it is next to impossible to detect their occurrence until after a period when the disease has become fully established. It is obvious that in these cases insanity really existed long before there was the slightest suspicion of the mischief that was going forward. But the greatest objection of all consists in this, that there may be a very manifest change in a person's usual mode of thinking and feeling, while the change itself is totally unconnected with anything resembling

disease. If there be any truth in the assertion, that persons under the influence of religion occasionally manifest the most marked change in their disposition, opinions, tastes, and conduct, such as is understood by the term "conversion," it cannot be doubted for a moment that Dr. Combe's definition requires to be altered, otherwise (though I have no doubt undesignedly) it will include such cases as these under the category of insanity. That they are not really so, it would be superfluous to prove. The intellect remains clear, the powers of reasoning exhibit all their wonted vigour, and the affections, though their objects may be changed, retain all their natural strength. Indeed, in many cases, the natural powers of the human mind, after undergoing such a change, seem to be wonderfully sharpened and improved. The real difference between the change here referred to and that which is observed in insanity is, that the latter is always at the time accompanied with more or less evidence of disease in the physical organisation of the brain, while the former is not.

Another definition has been put forward by a Mr. Rumball, in a pamphlet recently published, in conformity with the views entertained by phrenologists; it is "the excitement of any of the intellectual faculties beyond the control of the remainder." To this several objections may be taken, though it will undoubtedly apply to a certain number of cases. Thus in many instances we observe the faculties to be depressed and not exalted, as in lypemania or hypochondriacal insanity, when the patient remains silent and abstracted, as if suffering from a general paralysis of

the powers of thought. In other cases, again, the exaltation, instead of being confined to one or two faculties, extends to the entire number. But without dwelling upon minor objections, the definition is defective, as indeed all these that we have been considering are, in not laying down a clear and satisfactory line of distinction between reputed and real insanity. Take the case of a man who has committed some terrible crime, the very enormity of which places it at once out of the catalogue of ordinary offences—how are we to decide whether the plea of insanity, put forward in his defence, is founded in fact or not? He himself tells us that he was impelled by a feeling which he could not control, and that he was carried away by the infatuation of the moment. If this statement could be sustained by any proof deserving of credence, it might, perhaps, be admitted as establishing his insanity at the time of the occurrence. But how is the fact to be ascertained? If he could have controlled himself and did not do so, he certainly was not affected with frenzy when he committed the act; and the mere assertion of the party accused will never be listened to for an instant when the question to be decided by his answer is his guilt or innocence of a crime laid to his charge.

The last definition that I shall notice is one that has been given by Dr. John Conolly, in his work on the "Indications of Insanity." Dr. Conolly is justly regarded as one of the highest living authorities on every question connected with this difficult subject. He calls it "the impairment of one or more of the faculties of the mind, accompanied with or inducing a

defect in the comparing faculty :'' in other words, it consists in the individual's inability to ascertain the precise relation of one thing to another, and of himself to the rest of the world ; and this feature, he considers, can, by a careful analysis, be detected in every case of real insanity. A lunatic, for example, may be able, by the exercise of the faculty of comparison, to discover that he is thought demented by his fellow-men ; but he is incapable, in consequence of the impairment existing in that faculty, to discover that the ideas which the world considers false have no foundation in reality ; he may be fully conscious that he is thought insane, but he cannot bring himself to think that he is so. Now, let us test the accuracy of this definition by a case that is not of unfrequent occurrence, as the records of most lunatic asylums testify. A man who has had several attacks of insanity is seized with the premonitory symptoms of a fresh paroxysm, and under the consciousness of his impending state, repairs to the asylum where he was formerly accommodated, in order that proper precautions may be taken of his health during that interval in which reason should be dethroned. What, now, is the precise condition of his mind at that moment ? Is he sane or is he insane ? If the comparing faculty, directed to his own sensations, is giving him a true return, he is insane, and yet that faculty is unaffected ; if, on the other hand, it is giving him a false one, he is sane, and yet the comparing faculty is disturbed.

Let us take another example. A woman employed to nurse an infant is suddenly seized with an unaccountable impulse to effect its destruction every time

that she strips it to put it into a tub to wash it.* Again and again she resists the horrible thought, while again and again it recurs; at last, in an agony of frenzy, she either dashes out of the house, leaving child and all behind her, or she goes to her mistress, and, confessing her condition, begs to have the infant placed in some secure position where all danger may be guarded against. Now, what is the condition of the comparing faculty here?—Is it healthy or unhealthy? Many instances of this kind are on record, and no doubt can be entertained of the real state of such person's mind; but they appear to me to be obviously irreconcilable with that definition which has been given by Dr. Conolly.

There is one clear, and, as it appears to me, cogent objection to all the definitions we have considered, and to every other one which may be attempted to be given of this disease, and that is, that they do not afford us the slightest assistance in discriminating real from pretended insanity. Were the definitions practically accurate, not to speak of logical exactness at all, they ought to draw a plain and convincing distinction between real cases of the complaint and other cases which only present an outward resemblance to some of its features. Were it possible to accomplish this, all the difficulty that surrounds this perplexing subject would be at an end, and

* Orfila mentions the case of a mother who, whenever she washed her children and saw the water trickling down their neck, used to hear a voice whispering in her ear, "*laissez le couler*," "let it flow," until after a thousand struggles to banish the suggestion, she plunged the knife in and murdered them.

much of the litigation and embarrassment that result from it would be entirely obviated.

I trust that in the observations I have made in this chapter, no person will suppose that I mean in the slightest degree to undervalue the importance and usefulness of the labours of the writers whose definitions I have so freely criticised. Even upon the definitions themselves I do not mean to cast the slightest imputation, beyond that of inadequacy to express all that is necessary to be included in such a formula, and this imperfection, as I have attempted to show, is the necessary result of the nature of the subject. On the contrary, I believe that a careful study of these definitions, taken conjointly, will be attended with the greatest advantage. They respectively place the subject in a distinct aspect, which facilitates scientific research, and throws a clearer light upon its most striking peculiarities. Used in this way they are of the greatest value to the practical physician; but their object is misunderstood, and their proper purpose abused, when they are regarded as comprehensive tests to settle difficult cases in a court of law. For a full elucidation of such matters no brief description will ever answer, and we must be satisfied to take the phenomena of disease as we find them written out at length in the book of nature.

CHAPTER III.

OF EVIDENCE ADDUCED IN PROOF OF INSANITY.

HAVING now demonstrated, I trust to the satisfaction of the reader, the utter impossibility of framing a scientific definition of insanity applicable to all cases, and free from all reasonable objection, the question remains for consideration, how is the affection to be recognised when it occurs, and what test can be applied for its detection? The best answer that can be given to this inquiry will be obtained by a reference to its essential nature. Being a disease affecting the corporeal organs of thought, its occurrence is to be recognised precisely in the same way as any other disease would be — namely, by the irregular manner in which the functions of the part are performed. So long as the functions of any organ continue to be discharged in that way which careful observation has pointed out to be agreeable to nature, we must consider the organ to be in a healthy state; but as soon as they cease to be discharged in that manner, we must look upon it to be affected with disease. But how is the occurrence of this change to be known? Evidently by a comparison of the particular operations under review with an assumed standard of health. Every man, as if by common consent, forms in his own mind such a standard, which he is

in the habit of using on all occasions when the question of health or sickness comes to be discussed. According as the phenomena observed happen to agree or disagree with his notions of health, he pronounces his opinion. Now, the circumstances under which this standard of health is formed, show plainly that there must always exist great room for difference of opinion. A vague notion, arbitrarily formed by each individual according to his own ideas, must be liable to great uncertainty in its application, and must depend in a great measure, as to its accuracy, on the opportunities the individual has enjoyed of studying the laws of health, and on his own peculiar powers of observation. Defective information on the one hand, and want of discrimination on the other, will lead him to form an erroneous standard of comparison, and this again to wrong impressions as to the health or sickness of particular individuals. Nor is this the only source of error in these cases. The standard of health formed in this way is evidently an average result, derived from what the observer has remarked to be common among his fellow-men. It does not take into account the personal peculiarities that are consistent with health in certain individuals, but that are not usually to be noticed in the masses of the race. Thus there are some persons whose circulation is remarkably slow — so slow, in fact, as to give rise, under ordinary circumstances, to the suspicion of impending illness; yet in their case it is the very condition of health which becomes perilled by the pulse rising to the rate that is the standard of health in other men. Similarly with regard to mental pheno-

mena. The normal state of some men's minds is marked by eccentricities which would be of fearful import in the generality of men, but which in them are only the evidences of a natural and healthy condition. Should these eccentricities suddenly and entirely disappear, so far from the circumstance affording matter of congratulation, as evidencing a more improved tone of intellect, it would be exactly the reverse, as indicating a departure from that habitual condition which the idiosyncrasy of the individual seems naturally to require. In forming a standard of health, then, what is wanted is not a general idea of what is common among the great masses of men, but a special idea of what the peculiar constitution of each individual requires for its efficient and vigorous activity. In other words, we must know the habits and peculiarities of the individual in health before we are prepared satisfactorily and certainly to pronounce an opinion upon the manner in which the same individual shall be affected by disease. I am anxious to impress clearly upon the attention of the reader, that it is purely a matter of opinion in all cases, quite independent of the nature of the affection, and of the extent of the departure from the ordinary course of vital action, whether a particular individual is labouring under disease or not. This is equally true, whether the opinion is that of a regular physician, whose duty it is to investigate such matters, of an unprofessional observer, or even of an entire jury, specially empanelled to produce a verdict on the question. As a matter of opinion, it is obviously liable to mistake.

No higher certainty than this can be obtained in any department of medicine. The only difference between the three cases just referred to is, that the verdict of a jury is, in the eye of the law, regarded as convincing evidence of the fact, while the expression of opinion in either of the other instances is not. But, perhaps, some one or other, startled at this statement, may be ready to ask, in amazement, is not insanity a peculiar condition, totally independent of any opinion that may be formed by others regarding it, so that the individual concerned is either insane or he is not?—and is not this a fact which can be ascertained, and not a hypothesis which may be disputed? Undoubtedly the mental condition of the individual is not at all dependent upon the opinions of others; but then the propriety of designating that condition, such as it is observed in any particular instance, by the name insanity, is entirely a matter of opinion. The dispute clearly in such a case has reference to the meaning of the term, and the propriety of its application to the individual in question, just as men sometimes differ in opinion as to the propriety of considering a man under the influence of intoxicating liquor drunk. It is extremely important, in my mind, that this point should be kept constantly in recollection, because it will at once account for the great difference of opinion that occasionally prevails on the subject of insanity, and at the same time stamp the proper value that should be set upon the opinions of different parties summoned to give evidence on the point. The testimony of an unprofessional witness is evidently of

little weight in comparison with that given by a man who has made the investigation of such matters the study of his life.

It is often considered a matter of surprise that contradictory testimony should occasionally be given upon trials to determine the sanity or insanity of particular individuals, while no such uncertainty seems to prevail in reference to ordinary disease. To this observation several replies can be given. In the first place, it is seldom that the mere fact of the existence of a corporeal malady is made the subject of judicial investigation, because no important question is necessarily connected with its occurrence ; but so many questions of the highest interest are suspended upon the integrity of the intellectual faculties, that trials regarding their condition are very frequent. In the second place, differences of opinion do frequently arise in reference to physical disease, though they do not come before the legal tribunals, as to the nature and source of the morbid action, even when the fact of its existence is too obvious to be disputed ; and this may be considered to compensate for what occurs in insanity, when the nature of the affection is seldom disputed, though its existence is. In the third place, the facility with which the functions of the corporeal organs can be examined by the senses, especially by the sight, the quickest, the most penetrating, and the least uncertain of them all, is a sufficient reason for the difference—most of the operations of the mind being carried on in secret, imagination and memory in particular being completely independent of external circumstances for their ordinary exercise ; the effect

of which is, that not only are the changes produced by disease more apparent in maladies which attack the physical organisation than those which attack the intellectual, but also ordinary observers are better qualified to appreciate their significance. In the last place, the occurrence of physical pain makes a great difference in the two classes of affections, because it is commonly developed in corporeal diseases as a part of the change in the vital action, but it is rarely to be detected in insanity ; hence the sensations of the individual in the one case come to the assistance of the observer, but not in the other. Having premised thus much to account for the uncertainty that prevails, and that must, to a certain extent, continue to prevail, on the subject of insanity, I proceed to notice some other important matters connected with the giving of evidence in these cases.

It is the universal practice, whenever a trial takes place to determine the sanity or insanity of any particular person, to summon as many witnesses as possible to depose that in all their intercourse with the subject of the trial they never had any reason to suspect him of being insane. A large proportion of such witnesses is taken from the ordinary walks of life, and their want of professional skill is supposed to be compensated by their general intelligence and by the opportunities of familiar intercourse they have enjoyed with the subject of the investigation. Now, when such persons are called to depose to *facts* that they have seen, to conversations they have held with the party, to things they have known him do, no possible objection can be taken to their testimony ; on the con-

trary, the greater amount of such kind of information that can be laid before the jury the better ; but it is a totally different thing when they are summoned for the purpose of expressing an *opinion* upon his state. This is altogether beyond their province, and it is a duty which they are evidently not qualified to perform. Commonly such persons are called to give negative testimony that they never saw him do or say a foolish thing, or one that could be considered as the act of an insane person, and from the absence of direct proof of this kind they infer that he must be in the full possession of his rational senses. When ordinary observers are able to testify to particular acts having the character of insanity stamped upon them, they are seldom, if ever, asked to state the opinion they have formed as to the condition of the person's mind. But the case is different when they are called upon, from the absence of direct proof, to establish his sanity. Even admitting their fitness to express an opinion on such a subject, it is plain that a conclusion of this nature could only be warranted on the hypothesis that the operations of the brain, when labouring under disease, necessarily betray themselves by plain and palpable symptoms. Were this the case, every individual who should come in contact with an insane person could not fail to recognise his state, and trials to determine the fact would cease to be necessary. But it requires very little proof to show that the postulate in this hypothesis is entirely destitute of foundation. It is, indeed, true, that in a large proportion of cases the symptoms are sufficiently distinct to be universally recognised, but this

is not the case in all. It is especially in these doubtful cases, when the symptoms are obscure, that the assistance of a jury is needed for the settlement of the question. Where the fact is palpable to every one, it may perhaps be necessary to have a formal decision pronounced to satisfy the requirements of the law ; but the proceeding, under such circumstances, becomes merely a judicial act for the purpose of registration, and not a painstaking inquiry to investigate a question of doubt.

Without insisting upon the obvious absurdity of supposing that persons who have never made the varied conditions of the human mind the subject of study, should be capable, from commonplace intercourse, to pronounce an opinion upon so difficult a question as the sanity or insanity of a given individual, it is sufficient to remark that in this respect, as in others, the peculiar morbid changes in the condition of the brain that constitute insanity, follow precisely the same rules that morbid changes in other parts of the animal organisation do ; and that these are not uniformly and necessarily apparent at all times, is a fact universally admitted by all well-informed medical men. Evidences of disease are undoubtedly present in all cases where disease exists, but then they are not always sufficiently *prononcé* to attract the attention of casual observers, or even in some instances to awaken the patient himself to a sense of his actual condition.

Such cases are, to all intents, latent ; the skilful eye of an experienced physician, who has sufficient time and opportunity to examine carefully into the patient's state,

may be able to detect, under the outward appearance of health, the certain evidence of a dangerous ailment lurking in the system, which is altogether invisible to ordinary observers. Precisely the same thing takes place in insanity. The operations of the mental organs do not, any more than those of the corporeal organisation, betray their morbid condition by symptoms that are manifest to superficial observers in all cases. What strikes the attention of an ordinary spectator may give a very erroneous idea of the real state of an individual's mind. Underneath the surface of the current of ordinary intercourse there may lie a variety of minute indications which require a practised eye and a well-instructed mind to recognise and appreciate.

What would be thought of an unprofessional person who should venture to dispute, from the absence of the ordinary symptoms of a corporeal malady, such as inflammation of the lungs, the accuracy of a physician's statement, that such a disease was present in any given instance, after the latter had satisfied himself by a minute and careful examination, the value of which can only be determined by men who are skilled in such matters, that the complaint was really present? Would it not be said that such conduct was the height of folly and presumption? Yet precisely similar is the conduct of those who, by negative testimony of unprofessional witnesses, endeavour to establish the sanity of certain individuals, in opposition to the clear evidence of skilful medical men. And yet, irrational as such presumption manifestly is, when the matter in dispute is merely the existence or non-existence of an ordinary complaint, it is not half

so absurd as the same reasoning when applied to the condition of the mind ; for this reason, in physical disease, the patient's intellect, for the most part, remaining unaffected, no sufficient motive can be supposed to exist to induce him to misrepresent or conceal his real state. The instinctive principle of self-preservation will prompt him to assist every well-intentioned effort to ascertain his real condition. But in insanity, on the contrary, every circumstance concurs to throw difficulties in the way of determining this point with accuracy. In most instances the patient is totally unconscious of the change that has occurred in his mental condition ; and when a suspicion of the unpleasant truth flashes across the imagination, too many motives arise to lead him to guard his conduct and language with increasing care, lest he should place himself under the power of some who, from whatever motive, would think it necessary to treat him as his condition naturally would require. Just as in the earlier stages of intoxication, when the consciousness of the individual is not entirely destroyed, he is observed to make the greatest exertions to prevent his actual condition being suspected by those immediately around him. Bearing this in mind, it cannot be a matter of surprise that mental maladies should so frequently assume a latent form, or that their detection should be surrounded, in doubtful cases, with more difficulty than similar affections of the physical structure.

An illustration or two may, perhaps, not be out of place here, to prove the extreme difficulty that often arises in the attempt to discover the evidence of insa-

nity in cases where it really exists. A gentleman in the North of Ireland was made the subject of an inquisition, and a respectable jury, many of whom were his personal friends, after a patient investigation of his case, pronounced him to be insane. In consequence of this verdict he was removed to a private lunatic asylum, where, for the first three weeks after his admission, not the slightest symptom could be detected, either in his conduct or conversation, of the malady under which he laboured; so completely did he succeed in concealing his thoughts and feelings, and so perfect was the mastery that he exercised over his manner and conversation. After that period, when the object for which he assumed the habits and character of rationality had been disappointed, he broke loose from the temporary restraints he had imposed upon himself, and betrayed, by the most unmistakable evidence, all the peculiarities of confirmed monomania. The same thing I have often seen in other instances. The change of scene into which a patient is introduced when first admitted to an asylum, the consciousness of being subject to observation, and the desire of appearing perfectly rational before those whose duty it is to restore them to liberty when their recovery is established, all concur to make them exercise, for a time at least, a forced effort to keep down the peculiarities of which they are, to a certain degree, conscious. It is in cases of partial insanity that this is most frequently observed, because in them the remaining faculties being unimpaired, continue to exercise an authority over those which are diseased, which is obviously impos-

sible when the whole circle is involved. Indeed it is only in those cases of monomania which have reached an exaggerated height, that some effort at concealment is not attempted. Nor are we at liberty to infer, in such a case as I have instanced, that the development of the symptoms of insanity was the result of his confinement, and of the chafing of his spirits at such cruel, perhaps unjust treatment, because the previous verdict of the jury sets such an hypothesis aside. Juries invariably lean, in doubtful cases, to what is considered the humane side of the question, and hence they never pronounce for the incompetency of a party unless there have been clear proofs adduced in support of the allegation. We are, consequently, shut up to the conclusion, that the patient must have been all the time labouring under insanity, though the symptoms were not apparent during the interval.

It happens not uncommonly that atrocious crimes are committed by persons labouring under insanity, whose state, nevertheless, owing to the latency of the disorder, is not suspected until afterwards. Their previous history exhibits nothing to warrant the idea that they are insane : hence they are suffered to go at large, and no means are adopted to prevent an evil which might easily have been guarded against had their real condition been accurately known. Sometimes there is sufficient evidence in the attending circumstances of the transaction itself to force conviction upon the mind of those who carefully investigate it, that such must have been their state at the very time of perpetrating the outrage. On other occasions, it is only after they have been committed to prison that

symptoms transpire to show that the paroxysm which then explodes must have had its commencement before, and that the criminal act was the first stage in the impending malady. It is true that when this occurs, the idea is suggested that they are merely feigning madness, to escape from the punishment due to their crimes; and certainly the greatest discrimination requires to be exercised to prevent imposition under such circumstances; but, making all due allowance for attempts of this kind, there still will remain some cases in which no reasonable doubt can be entertained that the culprits are insane, and that their insanity presented for some time a latent character. It is unnecessary, perhaps, to multiply examples of this latent condition, which is too fully established in the history of the disease to admit of being disputed; but the following instance, unconnected with the commission of crime, is so remarkable that I cannot forbear quoting it:—A gentleman of large property in the county Antrim, which he managed with adequate ability during a long life, the father of a large family, and who had occupied a leading position among the gentry of the district where he resided, having filled the offices of High Sheriff and Grand Juror, was discovered, after his death, to have laboured for the greater part of his life under a form of monomania, the existence of which had never been so much as suspected even by his immediate family or his most intimate friends. This was proved before a highly respectable jury, many of whom had been personally acquainted with him for years before his decease, by the production

of his will and other documents, which were inconsistent with the idea of his sanity. The former was drawn up under the direction and with the assistance of an eminent barrister, and yet was couched in such obscure language that it was extremely difficult to discover its exact meaning. The most able metaphysicians of the province were summoned at the trial to depose that the expressions admitted of an intelligible and rational interpretation; and, although those who were examined before the Court agreed in the idea that it did possess such a meaning, yet it appeared sufficiently obvious to the spectators that no two of them coincided exactly in opinion as to what that express meaning really was. But all doubt upon this point was set at rest by the production of the other documents, which had been found among his papers, and which formed an obvious part of the scheme obscurely hinted at in the will. These included a diary, kept with great minuteness during the greater part of his entire life, and throughout the whole of it was to be traced the predominance of one idea—the integral unity of human society, which he conceived he was to be the instrument of bringing about by his writings, by the foundation of a prize essay in the University of Dublin, and by the foundation of a peculiar kind of lunatic asylum on his property in the north of Ireland. Here, then, we have an instance of insanity influencing a man's ideas and conduct during the greater part of his life, and yet not producing symptoms sufficiently obvious to cause it to be so much as suspected. It is true that he was known to be ce-

centric in some of his habits—that he was occasionally reserved in his manner, that he was silent, spent a great deal of his time in writing and reading, and that he courted solitude; but there was nothing in these facts to establish the notion that he was actually insane. So far from this being supposed to be true, he was known to be a man of amiable disposition, taking an active part in many schemes of Christian benevolence, and discharging all the relative duties of his station with fidelity and zeal.

I am very far from saying that in latent cases of insanity there are not to be found sufficient evidences of the disease when accurately sought after by competent persons, but they illustrate sufficiently the difficulty that superficial observers have to contend with in attempting to form an opinion of their real state. The case just mentioned illustrates, besides, a very important point in the natural history of the complaint, which is, that it frequently betrays its existence more by the matter and the style of their written composition than by the matter and the style of their conversation. Give certain individuals, who to all outward appearance are rational enough, pen, ink, and paper, and, whether they write letters to their friends or merely amuse themselves by memoranda of a passing character, it becomes immediately apparent that their mind has lost its balance. So much is this the case, that the experiment is often designedly resorted to by physicians in attendance upon lunatic asylums for the purpose of ascertaining exactly the progress which patients are making towards convalescence; the improvement thus indicated

being a very exact representation of the power of returning reason in regulating their thoughts and actions. So long as the disease continues there is observable a very marked alteration in the handwriting from what is natural to the individual. Coupled with this there will be an incoherent style, bombastic expressions, peculiar-shaped pieces of paper, or the most worthless scraps, the writing zig-zag, without apparent connexion, and the whole tossed about without order, care, or arrangement. All this leads to the conclusion, and often to the irresistible conclusion, that the person who writes thus has lost the clearness and simplicity of natural intellect.

All this may happen, as every one who has had much experience of insane patients will admit, while their ordinary conversation would lead the observer to entertain a very favourable impression of their mental condition. It is a curious phenomenon in the operations of the human mind, and one difficult to be accounted for, how the same individual will talk coherently for hours together, and yet cannot write a few lines on paper without giving expression to some obvious absurdity. But the fact is of too frequent occurrence to admit of being disputed.

When medical men are summoned to give evidence in courts of law, as to the sanity of persons about whom they have been consulted, there is one part of their testimony which too often fails to make an adequate impression upon the minds of the jury, and that is what relates to the patient's state and general appearance. So long as the witness speaks of what the patient said and did, the jury are disposed to lay full

stress upon the importance of his observations, and to give full credence to his testimony, perhaps because in so far as these matters are concerned, they consider themselves quite competent to form an opinion of the rationality or irrationality of the conduct described. But the case is different when he begins to speak of the expression of the person's countenance, of his manner of deportment, &c.—matters which require to be seen in order to be duly appreciated, but which, as much as anything else, convey to the experienced physician a true impression of the patient's state of mind. Testimony upon these points is either totally disregarded, or considered of very subordinate importance. This may be accounted for in a variety of ways. In the first place, no mere verbal description can adequately depict the look, the gesture, the tone of voice, that the person under examination may have presented at the time. The same words spoken in two different ways, may convey a totally different impression to the spectator. It is only the person who has seen and heard them thus spoken that is an adequate judge of their real force and meaning; and when, as not unfrequently happens, the trial takes place long after the occurrence of the transaction out of which it arose, it is impossible for the jury to obtain a personal interview with the subject of the trial, so as to satisfy themselves that the medical witness has not been mistaken in his views. A second reason may be found in the custom that so universally prevails, of representing medical men, especially those who devote themselves to the study of insanity, as anxious to make out every one with whom they come in contact

as deranged. When they are summoned to visit a person supposed to be insane, they are considered as going, not for the purpose of ascertaining the truth or falsehood of the allegation, but simply to find out plausible reasons for sustaining the charge. Hence, everything they say is received with hesitation, as being the result of a prejudiced examination. It is not, indeed, supposed that men of character and reputation will deliberately invent statements to corroborate their expressed opinion, but it is not thought impossible that they may colour and exaggerate their testimony. The effect of this is, that when they detail conversations, or speak of acts of violence, they are believed merely to state what actually occurred ; but when they proceed to describe the appearance of the patient, and his manner, they are considered to be treading upon dangerous ground, where they have it in their power, without a flagrant departure from truth, to convey a wrong impression to the court.

But the principal reason of all is, that the jurors, being selected at random from the ordinary classes of society, are really not aware of the importance to be attached to symptoms dependent upon the physical condition of the insane. Were the selection of jurors who are to try cases of this nature limited to persons who have had some experience of the character of insanity, by occasional inspection of this class of patients, they would be more alive to the value of the information they thus constantly reject.

To illustrate the importance to be attached to the general appearance of insane persons, it is only necessary to refer to the great value of comparatively

insignificant symptoms in ordinary illness. A cough scarcely audible, and too trifling to be noticed even by the patient, may be, in persons predisposed to consumption, the signal of the incipient ravages of the disease. An occasional turning of the stomach, in like manner, may be the *avant-courier* of water in the brain. To the immediate relatives they may be all but imperceptible; but to those who are able to trace them in their connexions with other accompanying symptoms, they are portentous notes of fatal meaning. And just so in insanity. The haggard look, the wasted frame, the suspicious eye, the restless movement, the disordered condition of the clothes, the loss of sleep at night, the incapacity for fixed attention or for steady employment, and a multitude of other things that might be named, tell, with equal clearness, the state of the patient's health, as well as actual incoherence in his words or ideas.

Bearing in mind what has been already said on the difficulty of detecting the existence of insanity in some individuals, it will at once be obvious how much attention ought to be paid by physicians to this part of their examinations. When a medical man is asked to visit a person supposed to be labouring under insanity, he is generally put in possession of his peculiarities and history. All this he has to take on hearsay. It may be a mere fabrication of interested parties to accomplish some unworthy object, or it may be actually true. All the parties may be complete strangers to him. How is he to discover the truth? A personal examination may fail either to refute or confirm the charges; but there may be the clear indications of

disordered health, that shall satisfy his mind as to the necessity of further medical treatment. I do not say that he would be justified, on these grounds, to consider the patient insane, but he has in it a test, and a very useful one too, to determine how far reliance is to be placed on the representations that have been made to him by the parties interested in the issue. In the absence of all indications of this kind, I think he would be fully justified in repudiating the imputation he was summoned to confirm.

Before closing this subject I would just say that the same circumstance is often of great value in correcting a most dangerous error into which well-meaning persons are apt to fall. A person who has all his life been remarkably gay, engaged in the follies and fashions of the world, suddenly becomes changed; it may be the effect of a sermon preached by some awakening preacher, or it may occur unaccountably. He renounces society, his manner becomes serious, he looks gloomy and reserved, he spends much of his time in solitude, and he reads his Bible incessantly and with apparent attention. His anxious friends, who have long mourned over the frivolities of his past life, hail the change as the harbinger of good, and do everything in their power to encourage the new bent of his pursuits, little anticipating that what they now contemplate with so much pleasure is really the commencement of a terrible calamity. The same thing happens in other instances also. A man who has all his life been of the most penurious disposition, suddenly becomes extravagant; he lavishes his property with the most reckless liberality; he is kind to the

poor, and considerate to needy relatives that he would previously have spurned with harshness from his door. Such an occurrence, I admit, is rare, but it has occasionally happened, and the change that was looked upon as a happy reformation of character, was only the wild outbreak of disease. Now, it is notorious that such sudden and striking alterations of character do occur in men whose minds are not the subject of any morbid influence, but who preserve the calm possession of their reason throughout the entire process. How are we to tell, in any given instance, whether the judgment has been subverted or not?—whether the change that has been effected is to be regarded as a blessing or a calamity? It must be obvious that the question is an important one, and the sooner it can be ascertained the better for the individual himself, as well as for the comfort of his immediate connexions. I believe the true way of determining it is by a careful investigation of the concomitant condition of the individual; it will not do for the physician who is consulted in cases of insanity to limit his attention to one or two symptoms—he must take a comprehensive view of his whole state. If he finds, then, that this change of character is unattended by any symptoms of physical disturbance—if the digestive system is in perfect order, the head cool, the pulse quiet, the expression of the countenance intelligent and tranquil, and if the manifestations of a changed taste and disposition, however decided in tone, are at the same time marked by propriety and moderation, he will have no hesitation in pronouncing the man perfectly rational, and in assuring his friends that there is no

danger of his ultimately running into the wildness of enthusiastic fanaticism, or into the folly of unbounded extravagance. And precisely the same view is to be taken of those cases in which the change takes place from that which is amiable and good to that which is vicious and depraved. Such cases, unfortunately, do occur where persons who gave early promise of usefulness in life, become suddenly the victims of evil influences, and disappoint all the expectations of their friends. But though occasionally the result of disease, they are not invariably so, and it is only by the judicious application of the test to which I have referred that the real character of each individual instance can be determined.

There is one other point yet to be noticed, which is this, that juries are often called upon to pronounce an opinion where the evidence presented to their attention is of the most opposite and contradictory character. Medical men, of the highest standing in the profession, will be found pitted against each other in the arena of strife. How are they to decide? The mere number or respectability of the witnesses summoned on either side is evidently no safe ground to form an opinion on. All may be speaking the truth when they detail facts, and all may be merely expressing the opinion they have really arrived at. All of them cannot, it is true, have formed a correct judgment upon the patient's state of mind; but the mistake may be accounted for without impeaching either their general skill or their strict veracity. A great deal will obviously depend upon the opportunities they have enjoyed for forming an opinion; what has been

the extent of their intercourse with the person in question—have they been able to observe his habits, ideas, and actions at different times, and under different circumstances. A great deal will also depend upon the practical experience they have had in cases of this kind ; but the most important point of all to be noticed is that one fact of a *positive* kind, is worth a thousand mere *negative* statements. Innumerable instances have proved, beyond the possibility of a doubt, that the most skilful physician may pay a great many visits to a patient without discovering the least evidence of insanity lurking beneath the calm surface of ordinary intercourse, while on another occasion some trifling and unexpected incident may call forth proofs in abundance ; and when these can be satisfactorily established upon unimpeachable authority, infinitely more stress should be laid upon the conclusions to which they lead, than upon the negative testimony of numbers of other persons.

CHAPTER IV.

OF THE VARIOUS FORMS OF INSANITY.

THERE is an error prevalent enough in the world, if we are to judge by the observations that are publicly made in our courts of law, to which it is proper to direct attention for a little ; and that is, the opinion that every man must be considered sane who makes a shrewd bargain and who does not spend his money foolishly. It is not, perhaps, surprising, when we consider what an important place money occupies in every man's thoughts, that such a test as this should be considered the most simple and the most satisfactory that can be devised to determine the mental condition of men generally. Yet it is a curious fact, though one not sufficiently known, that more than one instance has occurred of a man who has been found lunatic by inquisition being subsequently appointed, while still interdicted, to act as receiver under the courts, and to manage that very property which the course of law a little before had deprived him of enjoying fully. In the instances I allude to, the individuals discharged the duty entrusted to them to the perfect satisfaction of the authorities, and much better than the receivers previously appointed, who had all the advantages arising from the perfect possession of their senses. Such cases could never have occurred

if the idea to which I have alluded as being popular in society had been founded in fact.

The error in question, as well as others of a similar nature, originates in the idea that the brain is a single organ, and that, as it must act, according to that hypothesis, as a whole, whenever it acts at all, it must betray its condition, whatever that may be, in all and every one of its operations. I have already alluded to this error in the first chapter, and therefore need not insist again on what has been previously said; but as the subject is important, it may not be a waste of time to direct attention to some of the principal varieties in the form that insanity assumes, and which are irreconcilable with the notion that the brain is a single organ.

Before doing this, however, it will be proper briefly to advert to the constitution of the human mind, as the best mode of rendering the matter intelligible to the generality of readers.

I have already said that there must be an intimate and necessary union between the mental faculties of the individual and the material organisation of his frame. Wherein that consists is still an unsettled question. Phrenologists, indeed, have undertaken to map out the localities in the cerebral structure where each of these faculties resides; but without pronouncing any opinion for or against their theory,* it is suffi-

* Phrenologists consider it a matter of vast importance in the treatment of insanity (as they do also in the education of children) to be able to localise the organs, and to direct remedial measures specially to those which happen to be affected. In these views, as in others connected with this system, though he is not prepared

cient for my present purpose to speak of the faculties themselves, apart from the organisation with which they are connected : for this simple reason, that it is only through the operations of those faculties that the state of the organs is manifested, so as to enable us to form any conjecture as to their actual condition. Even if medical men were perfectly agreed as to the number, position, and functions of the cerebral organs, which they are not, it would still be impossible for them to ascertain the existence of disease in them otherwise than by the actions to which they lead. It is, hence, a matter of comparatively little moment, as far as the following summary is concerned, to determine whether our knowledge of the intimate structure of the brain is sufficiently accurate to enable us to put our finger upon the precise seat of any of the psychical powers of which the mind is composed.

There are four distinct classes of faculties capable of being recognised in the constitution of the human mind : — 1. The intellectual. 2. The instinctive. 3. The moral or emotional. 4. The abstract perception of right and wrong, or natural conscience. Upon the harmonious and properly-adjusted action of these different powers depends the formation of the distinctive character of each individual of the human race, his personal happiness, and his usefulness in

altogether to deny their system, the author cannot concur. It is impossible to localise remedies in the way that the theory requires, if it were ever so desirable ; and for the reasons given in the text, the determination of the form of the disease, and the faculties implicated, can be otherwise arrived at.

society. Each of these classes will require a passing notice.

The intellectual faculties, properly so called, comprise the powers of perception, memory, comparison, imagination, judgment, &c. Their natural development in different individuals varies remarkably, quite independent of any change that may be induced in them by disease. In some persons one or other, or all of them, may be feeble, while in others they are vigorous in the extreme. But whatever may be their original energy, they are all capable of being improved by cultivation: so that the faculty which is feeble in its first development may become in time strong and powerful. Still further, the exercise of their powers is, under all circumstances, more or less a work of time. They do not act instantaneously, although they frequently act with great rapidity: for this reason, that the nature of their office implies, in the first instance, the directing of the individual's attention in a particular channel; and, secondly, the formation of some sort of judgment upon what it has thus observed. In those cases, where habit, by which we are to understand the frequent repetition of the same course of action, has familiarised the mind to the steps of the operation, great rapidity of decision is undoubtedly observed; but then, it is questionable whether the mind, having once carefully gone over the process, does not on subsequent occasions take these matters for granted, and jump to the conclusion without really repeating the particular steps that were necessary in the first instance.

The instinctive faculties differ in several respects from the foregoing. The instincts of self-preservation,

of animal appetite, of parental and filial attachment, &c., may be taken as examples of the class ; one peculiarity that distinguishes them is, that they are instantaneous in their operations, the mere presence of the object which is their natural stimulus being sufficient to excite them to activity. They may, indeed, be restrained by the higher intellectual powers from proceeding all at once to the immediate gratification of their proper passion ; but so far as the instinct itself is concerned, its activity is necessarily instantaneous. A second peculiarity manifested by them is, that they seem to act at times without the volition, and almost without the consciousness of the individual, just as in organic instinct, the local sensibility set to guard a special portion of the economy acts at times without waiting for the deliberate orders of the central consciousness, and meets the emergency before the individual has had time to be aware of the danger. Of this we have a beautiful example in the hasty closure of the eyelids on the approach of anything to the part which might prove injurious, and which often takes place before the person himself has had time to observe the danger. The third peculiarity is, that they are perfect in their operations, so as not to be susceptible of any improvement by the repeated performance of them. The first time an instinctive act is performed it is as readily and as well done as it could be after a hundred trials. It may, indeed, be done with greater force, because the instincts acquire increased energy by habitual indulgence, but as far as the *perfection* of the act is concerned, it is just as complete at first as it ever is.

And this brings us to another of their distinctive features—namely, that the power of each instinctive propensity bears a direct ratio to the frequency of its gratification. If often indulged, their natural force is enormously augmented, so that their craving for future sway becomes absolutely imperious; while on the other hand, if they are habitually restrained, they can be easily held in check by the exercise of the higher powers. This is an important consideration in reference to the happiness or misery of each individual of the human family. Were parents adequately alive to the influence that these propensities exert upon the subsequent history of their children, they would spare no pains in the susceptible periods of life to train them to habits of self-restraint and moderation; and not only would their happiness be thereby most effectively secured, but there would also be erected the best safeguard that can be devised against the subsequent invasion of mental disorder. There can be no question that many cases of insanity can be clearly traced to the unrestrained fury of passions that might have been kept in check by the formation of proper habits in early life. The last peculiarity I shall notice under this head is, that while they act impetuously when left to themselves, they are still obliged to acknowledge the authority of the higher principles of intellect and conscience, and to submit to their control. Thus a little child, when the waves are dashing furiously against the beach, will be instinctively repelled from the shore by a sense of danger; but when he is convinced that he can plunge into the water without being drowned, by seeing his mother bathing in

safety, the natural promptings of the principles of self-preservation are overcome, and he dashes in with heroic fortitude. Even under circumstances where it is impossible to guarantee the individual against personal injury, reason has the means of silencing the watchful monitor, by suggesting a variety of motives sufficient to show him that it is his duty to disregard the warning, and even to sacrifice life itself under the pressure of a higher obligation. It is thus that the soldier on the field of battle is constrained to maintain the post that has been assigned him, rather than to seek a dishonourable safety in flight. Thus also the captain of a foundering ship feels it to be his duty not to leave the vessel till he has seen the meanest seaman under his command first placed in the most favourable position for his escape ; and thus also every other deed of self-devoted daring is accomplished. Nor is it only in their power of restraining these impulses that the subjection of the instincts to the higher faculties is seen ; it is equally evident from their capability of suggesting new and powerful motive for the performance of their natural promptings. Thus the natural love of life which is inherent in every one is often greatly augmented by the consideration that existence, valuable as it is in itself, becomes still more so from its importance to the well-being and happiness of others who are dependent upon his ability to provide for them. A due consideration of these two points in the natural history of instincts will furnish the thoughtful mind with a clear view of the proper mode of managing them under the varying circumstances that are likely to occur in human life,

and of the best means of using them for his own comfort and advantage.

A curious circumstance connected with the instincts is, that their energy of action seems uniformly to bear an inverse ratio to the development of the intellectual faculties : thus they are more powerful in the inferior animals than in man—in the child than in the adult ; and when the reason becomes weakened by disease, infirmity, or advancing age, they again appear to recover the vigour they had previously lost.

When we consider the peculiarities that have just been mentioned as characterising them, it is easy to see the wisdom and excellence of this arrangement. In childhood the reasoning faculties are not fully developed, and the experience which is necessary to direct their proper exercise, even if they were, has not been obtained, and consequently there is needed some simple substitute to act with promptness and accuracy in the limited necessities that are likely to arise to children under the parental charge. But as the child advances to maturity, and as the difficulties it has to contend with become greater, the gradual expansion of its embryo faculties, and the acquaintance with external nature it concomitantly acquires, render it less necessary that it should be dependent upon the blind impulses of a mere instinct. And similarly, whenever the reasoning powers become enfeebled from any cause, they acquire unusual activity a second time, to supply in some measure the place of those better guides which have been lost. In the rapidity of their operations, and in their capability of improvement, the instincts are superior to the intellect ; but in the

circumstance that they are less subject to the volition of the individual, they are decidedly inferior. The very rapidity of their action is, in many cases, a disadvantage, because they do not take time to ascertain whether the circumstance which has called forth their activity is well grounded or not. A false alarm puts the sentinel on his guard as quickly and as certainly as one that is real.

The third class of mental faculties comprehends the emotions of love, hatred, joy, fear, hope, desire, &c., which are associated with both the classes we have just described. In some respects they seem to be instinctive in their action, having all the suddenness and force of a mere impulse, while in others they are more truly intellectual, being the result of a deliberate exercise of reason. To these passions it is that existence owes all its enjoyment. Were there no such feelings enshrined within our breasts, the dull monotony of human life would pass away without one single spark of what would properly deserve the name of happiness. A confirmed and unmitigated selfishness would sway the sceptre over the entire race. Reason would demonstrate the necessity of labour as a condition of continued existence, and the instinctive principle of self-preservation would prompt us to engage in it; but the duty would be performed under a wearisome sense of drudgery, and there would be no consciousness of reciprocated and affectionate interest in the result, to cheer us under the fatigue, and to reward us at its termination. When the passions are in a healthy condition, and rightly exercised, the human frame, mental and cor-

poreal, is capable of undergoing an amount of exertion that seems almost incredible ; but when they are out of order, or not properly sustained, too often the other powers of our nature give way, and disease and death are the certain result. But if it is to the emotions of our mental constitution we are indebted for all the enjoyment of our present existence, to them also must we trace many of the sorrows that oppress us. Not only the brighter, but also the darker passions of our nature, under proper regulations, will be found to minister to our benefit ; and conversely, the brighter feelings of hope, joy, desire, may be made the occasion of our injury, as well as the darker ones of hatred, fear, dislike, &c. So long as the will of the individual directs any of these passions to their proper objects, and so long as the restraining principle that controls human actions limits them within proper bounds, they are a source of corresponding satisfaction to the individual himself, and of benefit to society. But whenever these conditions are reversed, they become, in proportion to the degree in which they are indulged, the fertile spring of misery and discomfort. Thus love, when it is exalted to jealousy, produces bitter feelings in him who harbours it ; and ambition, which in one degree is accompanied with agreeable emotions, in another is attended by the most intense dissatisfaction.

We have said that the passions that swell within us are the great moving cause of all our actions. Were it not for them, in most instances the intellect in vain would tell us what to do, and would suggest the proper motive. But as soon as the inclina-

tion is swayed through the medium of the emotions, all our powers are stirred up to the performance of what we have already felt to be a duty. Perhaps it may be thought, from this circumstance, that they are superior to the intellectual faculties; but this is certainly not the case. Like the instincts, they are really subject to the authority of reason. And it is well that they are subject to its just control, otherwise they would hurry us along with all the impetuosity of a blind impulse. But being subject to the sway of those intellectual faculties that judge of the propriety of human actions, they are capable of being directed to proper objects, and of being restrained even from their legitimate gratification, on improper occasions. In the circumstance, also, of their strength being augmented by indulgence, and weakened by habitual self-denial, they resemble the general class of instincts with which they seem to be so closely united.

The last class of faculties comprises but a single principle — natural conscience; but then it is lord paramount of the entire. Its office is to take cognizance of all the mental operations as they occur, and to pronounce sentence upon their propriety or impropriety. The intellect may suggest what appears expedient for the welfare of the individual; the emotions may add that it would be pleasant to his sensations, and the instinct may urge him blindly to its performance; but it is reserved for the moral sense, as the supreme arbiter of human conduct, to set the seal of its approval to the proposal before it is carried into execution. If this is withheld, the remaining faculties are constrained to acquiesce in the decision; or, should

they prove contumacious, as they sometimes do, they pay the penalty of their transgressions by subsequent remorse.

Having thus glanced at the constitution of the human mind, it is only necessary to add, that any one of these faculties singly, or several of them together, may become affected with insanity; and the indications of the disease in any particular instance will depend upon the number and peculiar functions of the faculties involved in the morbid process. The complaint may be confined, for example, to the intellectual class simply, while the feelings, the instincts, and the conscience may continue to act as they did in health. Under these conditions, there may be no estrangement from old and valued friends; there may be no sudden and unnatural impulses; there may be no aberration in the decisions of conscience. All this may happen, and occasionally does happen, though rarely; because, wherever the intellectual faculties present a distorted picture of the realities of life to the mind, the other powers, though acting normally at the time, must be more or less swayed in their decisions by the erroneous representation present to the imagination.

But the conditions we have stated, and which are absolutely necessary for the complete isolation of a few of the faculties from the rest, seldom occur in nature; for this additional reason, namely, because the connexion subsisting between the several faculties of our moral constitution is so intimate, that it is almost impossible for any one of them to be morbidly af-

feeted without the rest, to some extent at least, becoming implicated in the result.

It is obvious, I think, from the considerations just mentioned, and from the number and variety of the mental powers, that a very considerable diversity of symptoms must be produced in insanity, and that no single description can be sufficient to include all the shades that may possibly occur. Nor is this variety confined to those differences that may be conceived to arise from the larger classes of the mind's powers being differently affected, inasmuch as the several faculties of each class may be variously disturbed in different cases. Thus, to refer again to the intellectual class, we can easily understand that, in certain cases, the perceptive powers may be diseased so as to mistake one thing for another, and to lay the foundation for many an absurd delusion; while, in other cases, the perception remaining undisturbed, the imagination may be perverted, and the floating visions of the fancy possess all the vividness and permanence of actual realities; while in others, again, both of these retaining their natural vigour, the reasoning powers, properly so called, comparison, combination, judgment, &c., may be diseased, and draw wrong conclusions from perfectly clear and correct premises. Similar observations may be made in reference to each of the other powers.

Let us briefly consider what would be the effect of the general adoption of the opinion that insanity may be partial in its extent and diversified in its features. Hitherto the practice of our courts of law has been

extremely unsettled, inconsistent, and even contradictory; and although I am very far from thinking that perfectly satisfactory results would be obtained from the view here advocated, yet I think it must evidently be a matter of the first importance to have the settlement of these questions established upon a fixed and intelligible principle, the working out of which in any particular instance afterwards, must be left to the ingenuity and practical tact of the parties more immediately interested. Let us take a few examples by way of illustration: and first, with regard to the question of the validity of wills made by a person labouring under insanity. The general principle hitherto adopted by the courts, with but a few exceptions, is that which has been laid down by Lord Erskine, that the will of a person proved to be insane is rendered null, though the document in question cannot be traced or connected with the morbid imagination which constituted his disease. In other words, that insanity existing in the slightest form or degree invalidates a will, though the provisions contained in it appear to be perfectly consistent with reason and propriety. Yet, strange to say, while the disposition of property made in such documents has been set aside on this ground, other wills have been allowed to stand which contained provisions manifestly ridiculous and absurd. For instance, a will* has been upheld, in which the testator directed that some of his bowels should be converted into fiddle-strings, that others should be sublimed into smelling-salts, and

* *Morgan v. Boys.*—*British and Foreign Review*, x. 138.

that the remainder of his body should be vitrified into lenses for optical instruments: the judge considering that these directions amounted only to eccentricity, and not to insanity. Now, while it must be admitted that it is extremely difficult to say whether the expression of a man's feelings may not have been influenced by his peculiar opinions upon certain subjects which have no obvious relation to them, as every one will allow who attentively considers the strange way in which our thoughts pass at times from one subject to another, which appear to a stranger to have no real connexion, because he does not see the secret links that bind them together; I think it ought to be conceded that no infringement even of a lunatic's rights ought to be permitted beyond what is absolutely necessary for his own benefit or that of others. Hence, if a will can be shown to betray no symptom of mental aberration on the face of it, and if it can be further shown that the nature of the peculiar monomania under which the patient laboured was one not calculated to interfere with the due performance of such an important duty as the execution of a will, both medical science and judicial equity demand that the document should be regarded as rational, and upheld as valid.

The cases where such a result would be likely to occur are undoubtedly few; but wherever it does, it ought clearly to be sustained.

Again, the accountability of lunatics for their criminal actions, which is such a fertile theme of medical controversy, will be materially affected by the adoption of this view. If there be no such thing as

partial insanity, it follows, as a matter of course, there can be no such thing as a qualified responsibility. Immunity from punishment will be a necessary consequence of the mere proof of the existence of insanity. But if, on the other hand, different degrees and kinds of mental derangement may occur, it follows, as a matter of equal necessity, that a partial impairment of the understanding does not necessarily or universally exculpate from crime. On this hypothesis the precise degree of responsibility attaching to the partially insane must be determined by a careful consideration of the peculiar circumstances of each particular case, and especially by the number and nature of the faculties involved in the morbid process, and by the precise connexion which may be ascertained to exist between the mental disorder and the crime of which he has been convicted. This, I believe, is the only true view that can be entertained of these extremely perplexing cases that lie between the limits of ascertained accountability and admitted exemption; and although the establishment of this principle may seem to open a door for abuse, by leading criminals to raise a plea of partial insanity under circumstances which cannot justify it, yet I think that it will, on the other hand, have the effect of restraining crime among a large class of the insane who retain discernment enough to understand the precise position in which their mental infirmity places them in respect to the law. Absurd as it may appear to some men to be informed that the insane can be restrained from the commission of crime by

considerations of this nature, I am satisfied, from personal observation, of its correctness; and this opinion, formed long ago, I have been happy to see confirmed by Dr. W. Forbes, in his recent work, entitled "The Plea of Insanity in Criminal Cases."

Another question that will be settled on an intelligible basis, by the adoption of this view, is the propriety of admitting the testimony of a lunatic in judicial investigations. Until a very recent period it has been thought that no such evidence could be relied on in any question of a doubtful nature. Two cases,* however, have occurred lately, one of them having been argued before the judges, where testimony of this kind has been admitted, and no sufficient reason can be assigned for rejecting it on the principles here laid down. The power of observation and memory, and the love of truth, in many lunatics, remain perfectly unimpaired, notwithstanding the existence of their malady, and every one who has had the least practical acquaintance with lunatics on a large scale, must know how often reliance can be placed, with the most perfect confidence, upon their statements with regard to occurrences they have had an opportunity of observing. It may, indeed, require a preliminary investigation, in the first instance, before the evidence is received, to ascertain how far the particular witness's testimony is to be relied on, and this may be attended with some difficulty when the question under consideration is the treatment he has

* *Psychol. Journal*, No. XV. p. 436.

received at the hands of the parties entrusted with his care ; but in such a case as this, the proper course to be pursued would be to remove him for a time from the charge of the individuals implicated, to ascertain his character thoroughly by a careful observation in the new circumstances in which he is placed, and then to determine how far the statements previously made are compatible with truth.

The last point I shall notice under this head is the impropriety of a form of certificate which was formerly required in reference to criminal lunatics, and which, for anything I know to the contrary, may still be in use. It referred to those patients who had been committed to the district asylums in Ireland under the warrant of the Lord Lieutenant, but who had subsequently recovered so far as to be in a fit state to be discharged. Before, however, they could be liberated from confinement, the physician who had charge of the asylum was called upon to certify, after a careful examination of the patient, not that he might be set at liberty with safety, but that he was of perfectly sound mind. Now, when it is recollected what a sweeping declaration such a statement as this is, and how difficult it must be for any one to pronounce positively as to the complete absence of any impairment of the faculties in any particular instance, it must appear that the regulation referred to requires more than is necessary of the medical officer in attendance. All that the safety of the state demands is that the disease should be so far removed, unless there be a reasonable probability of ultimate recovery

from continued confinement, as to allow of the patient's returning to his family with safety to himself and to society; anything beyond this is not only uncalled for, but absolutely injurious. In many cases no farther amendment is likely to occur, and to imprison the individual longer is an injury to the institution, an injustice to the ratepayers, and a wrong to the patient himself.

CHAPTER V.

OF SUICIDE.

IT is not my intention to dwell upon those forms of insanity that are associated with derangement of the intellectual faculties, simply because they appear to be generally recognised in society. When a patient talks incoherently, stringing words together at random, without order or connexion, every one who hears him knows at once that he is insane. And similarly, when a person is proved to labour under a strong delusion, such as that of being an emperor, or of a conspiracy existing to injure him, though the proof of this is often extremely difficult to the casual observer, no reasonable person entertains a doubt as to the patient's state of mind. Indeed, as I have said, the highest legal authorities insist that some such evidence as this is necessary to establish the existence of insanity in every case where it is reputed to occur. My present purpose is mainly to prove that this is an erroneous hypothesis, and that as we have other classes of mental faculties, so we may have other forms of insanity in which the intellect is but little, if at all affected.

The first form I shall notice is suicide ; and this occurs under a variety of conditions, which require to be distinguished when we attempt to analyse the subject scientifically. It may, for example, proceed from

a mere delusion, and then it is the result of perverted action of the intellectual faculties ; as when the individual fancies that he has received a divine commission to offer himself up as a voluntary sacrifice for the benefit of others. It may in other instances proceed from the derangement of natural conscience, leading the individual to look upon that with satisfaction, or at least without remorse, which in health he would be ready to denounce as a frightful crime. It may still further emanate from a depressed condition of the moral feelings, rendering the individual to a great degree unconscious of what he is doing ; and lastly, it may be the result of a perverted condition of the instinctive principle of self-preservation, and then it is perpetrated suddenly under the influence of a momentary impulse, and without apparent premeditation.

When the tendency to self-destruction is manifested in connexion with the first of these states, the idea in general takes a deep hold of the mind, and can only be got rid of by the removal of the delusion which lies at the foundation. Sometimes the mode of death is as permanently fixed in the patient's mind as the design itself, while there is manifested more or less skill in contriving the accomplishment of the object he has in view. Not unfrequently he will be found to speak freely of the mission he is sent to accomplish, of the benefits to result from it, and of the sin of resisting the divine will by any attempts to divert him from it. But occasionally he will preserve a studied mystery on everything connected with his delusion, and watch with exquisite cunning for the

auspicious moment when he may put his designs in execution. These cases require the greatest care in their management, are extremely difficult of cure, and often succeed, notwithstanding the greatest watchfulness on the part of the attendants, in effecting their object.

The second of these states occurs most frequently in persons whose consciences have been awakened to a sense of guilt arising from irregularities in their past life, and who think that they have committed the unpardonable sin, or that they are delivered over to a condition of hopeless despair. When this is the case, it is easy to see that the conscience, though perfectly alive to the criminality of the act they are about to commit, has lost its controlling power, and that there remain no motives sufficiently powerful to restrain the victim of this sad impression from pursuing his intention. Like the last, these cases are extremely difficult to be dealt with; the idea that possesses their minds is not a momentary impression to be easily removed, but a fixed resolve, which, in general, never rests until it succeeds in obtaining a fitting opportunity for its execution. So far as I have had an opportunity of observing, patients in this state are not particular as to the mode of effecting their purpose; if dissatisfied in one way they will try another, and no amount of failure, so long as the mental condition lasts upon which the tendency depends, will be sufficient to restrain them from subsequent attempts.

The third state is very generally the result of some severe disappointment, of great and sudden losses of property, or of circumstances which exercise

a pernicious influence upon a peculiarly sensitive mind. Merchants upon 'Change, statesmen who have been unsuccessful in their undertakings, and other persons whose advancement in life depends upon their maintaining a reputation for intelligence as much as for probity, are often affected in this way. The feeling, however, differs very materially from that which prevails in the former classes, and approaches much more closely to the impulsive character of the class still to be considered. When these cases are discovered in time, and proper treatment adopted at a sufficiently early period, they often recover permanently.

The last class is deserving of particular attention, inasmuch as it affords a distinct example of impulsive insanity, wherein the individual becomes suddenly and unaccountably seized with a propensity to commit an act, the precise consequence of which he has not time to calculate before the deed is accomplished.* I have said that it depends upon the perverted action of the principle of self-preservation. To some this explanation may appear strange, but I think it only requires a little reflection to convince us that it is impossible to refer it satisfactorily to any other cause. The faithful monitor, sleeping in supposed security at its post, is suddenly startled into action, and in the

* "A gentleman who had a party of friends dining with him, left the room rather abruptly, and went up stairs. During his absence his guests took the opportunity of drinking his health; and what was their amazement to find, on making inquiries occasioned by his protracted delay, that he had at that very moment committed suicide, by cutting his throat with a razor!"—*Psychological Journal*, No. IX. p. 24.

confusion of the moment, mistakes the proper direction, so as to do the very thing that it ought naturally to avoid. The best marked examples of this affection occur in the delirium of fever, and among females recovering from child-birth. At such times, the nervous system being in a state of peculiar excitability, the mere sight of a razor or other sharp instrument, carelessly left in the way, has suggested the idea of destruction; and the thought has no sooner been conceived than the attempt is made, often while the individual himself is scarcely conscious of the precise nature of the act, and before any one in attendance is aware of the danger. Such cases as these often pass away as rapidly as they arise, when sufficient care is taken of the patient at the moment when the danger is imminent.

It is to this head we must refer those cases of suicide that seem to have their origin in the principle of imitation. It is a well-ascertained fact that when one case of self-destruction happens, especially when it takes place in a large town, and excites an unusual degree of attention, several others are sure to follow, presenting precisely similar circumstances. Thus we all remember that after an unfortunate individual threw herself off the Monument in London, so many others, within a short period, followed the example, that it was found necessary to put up a large iron railing round the top, to put a stop to the practice. The same thing happened at the Place Vendôme, in Paris. During the last days of the old Empire, an individual ascended the column in the centre, and threw himself

off: he was killed instantly. The event excited a great sensation. In the course of the week ensuing no less than four other persons followed in his train, so that the police were obliged to interfere and proscribe all access to the column.* Some years ago a veteran at the Hôtel des Invalides hung himself from the threshold of a door in one of the corridors. No suicide had occurred in the establishment for two years previously; but in the succeeding fortnight five others of the inmates hung themselves from the very same cross bar, until the governor at last shut up the passage.† The tendency to self-destruction has in ancient times prevailed occasionally as an epidemic, and at such times it has uniformly exhibited one unvarying mode of death. I think it is not difficult to offer some explanation of this strange occurrence by a reference to the manner in which trains of thought arise in our minds. When any event of this nature happens, public curiosity is immediately excited; men's minds are directed to the subject; it becomes the topic of universal conversation; and the place is visited to realise as much as possible the whole scene. While there, meditating on the spot, first the motives, then the sensations of the individual who was the subject of the tragedy, come into contemplation; and while the mind is thus attempting to realise the feelings and sensations of another, the thought is suggested—what if I had been in the place, and all this noise and excitement had been about me,—how should I have felt?—and so the train runs on, till, scarce knowing

* *Psychol. Journal*, vol. i. p. 422.

† *Ibid.*

why or for what purpose, the fatal plunge is taken, and all is over.

As the subject of suicide is of vast importance, both from the number* of cases that occur annually, and from its relation to the general interests of society, it will not, I think, be out of place to make a few remarks further in reference to it. The first point to be considered is the estimate in which it is held by society. Most persons are in the habit of considering that the mere fact of self-destruction proves that the individual who committed it was out of his mind at the time, and the universal verdict of our coroner's juries on such cases is, that the act was committed "while labouring under a fit of temporary insanity." Even if we were to admit the correctness of this opinion, it would still remain to be considered, are we right in having this statement put upon record every time that an unfortunate individual is found to have made away with himself? I know that the reason for such a verdict being returned is to obviate the penal consequences still in force against the perpetrators of self-destruction; but the effect of it evidently must

* The number of cases of suicide occurring annually in England and Wales, according to the returns of the registrar general for births, deaths, &c., is about 1000, of whom two-thirds are males, and one-third females.—*Reg. Gen. Third Report*, p. 81. Even children are not exempt from this evil. Two years ago the public journals recorded ten suicides by children between nine and thirteen years of age.—*Psych. Jour.* No. VIII. p. 542. In another number of the same journal, No. XV. p. 417, it is stated that in ten years in France no less than 239 cases occurred in children under sixteen years of age.

be to lessen the moral feeling of repugnance that ought to be entertained against it as a crime, and to create a feeling of compassion towards the individual who commits it, as labouring under a mysterious dispensation which destroys his accountability. Would it not be infinitely better to remove the provisions of our law which render such a finding necessary or desirable, rather than perpetuate a practice attended with such disadvantages? The great business of a coroner's court is, as I apprehend it, to ascertain the precise cause of death, in any particular instance, so as to exculpate other parties from blame if innocent, and to have them put upon their trial if guilty; and it is not desirable to impose upon them the additional duty of determining the precise state of the deceased's mind, when no necessity for such a procedure exists. Perhaps it may be said that the legislature does not admit that every case of *felo de se** is insane, and that it is precisely with a view to prevent such an idea being entertained that the enactment alluded to is continued in force. But if so, the object defeats itself; coroner's juries invariably assume that the person was insane at the time, and return their verdict accordingly. And seeing that the practical operation of the law is to make out every man insane who acts thus, would it not be better to alter the law in conformity with the usage of the country than to have its provisions habitually set aside by those whose duty it is to administer it?

* The forfeiture of goods to the crown is, I believe, the only penal enactment still in force against persons guilty of *felo de se*.

But now comes the question, are the public right in this opinion? Is the mere act of self-destruction of itself a proof that the person who committed it was insane at the time? Medical authorities* are divided on this point—some maintaining the affirmative (Dr. Rowley, Schlegel, &c.); but some also, including Dr. Forbes Winslow, Marc, and a writer in the *British and Foreign Review*, whom I believe to be Dr. Connolly, taking the opposite side of the question. For my part, I cannot see how any one can hesitate to admit that cases of suicide may and do occur when the person is not insane, without, at the same time, falling into great inconsistency. For example, when a man who has been convicted of violating the laws of his country, makes away with himself immediately before his execution, what reason have we for asserting him to be insane? He has certain death before him, and he has an intelligible motive for endeavouring to avoid the shameful scene he is so shortly to meet. Per-

* "We agree with Dr. Prichard in thinking that suicide is not always the result of insanity."—*British and Foreign Review*, No. XVI. p. 86.

"We close this book (Dr. Schlegel's), by a conviction that upon all unhappy beings who have died by their own hands, the charitable sentence should be, that they were insane."—*British and Foreign Review*, No. V. p. 379.

"Marc, although he avoids the question, does not regard suicide as a necessary proof of insanity."—*British and Foreign Review*, No. II. p. 169.

"We fully agree with him in this opinion, and think that if suicide is always to be taken as evidence of insanity, parricide and infanticide should be regarded in the same light."—*British and Foreign Review*.

haps it may be said that if his moral feelings were in a proper state, he would not multiply his crimes by rushing rashly into the presence of his Maker. But if this is to be admitted as a proof of insanity, ought not his previous offence to be considered madness as well? If the distinction between madness and crime be valid in the one case it certainly ought to be so in the other. Other instances will, I have no doubt, readily suggest themselves to the mind of the reader, where there is equal reason for considering the person guilty of the crime of self-murder who takes away his own life, and who thereby destroys all rational hope of his eternal salvation. The thought is a serious one, and deserves to be weighed deeply by every one who may be led to contemplate the act under the idea that the same charitable but erroneous judgment will be passed upon his conduct in the celestial court that his short-sighted fellow-men are in the habit of pronouncing upon earth.

We have the best authority for believing that the tendency to suicide is not on the increase in England;* but satisfactory as such a statement must be considered, there still arises the question—is there any mode of diminishing the large mortality that annually, and, as it would appear, steadily† occurs under this

* “There is no reason to believe that suicide has been latterly increasing in England.”—*Registrar-General's Third Report*, p. 81, 8vo. edition.

† “Male suicides	...	1838	...	...	751
“	...	1839	...	...	636
Female suicides	...	1838	...	...	307
“	...	1839	...	...	307.”— <i>Ibid.</i>

head ? The question, from its importance, is certainly deserving of the most serious consideration. If the view here put forward be correct, that certain cases of suicide occur independently of insanity, it is not too much to maintain that such a result may be brought about by judicious measures adopted for the purpose. No reason can be assigned why some, at least, of these cases may not be prevented by sufficiently powerful motives, addressed to the moral feelings of the individual ; and every case thus prevented is not only a blessing to the unfortunate being himself, but also an incalculable benefit to society. It is certainly true that the wretch who is hardened in crime may not be deterred from his evil course by any warning that can be addressed to his conscience ; but there are, if I am not mistaken, many cases that can be clearly traced to ignorance of the real nature of the act they are about to commit, and which might be turned aside by having a juster view of the matter set before them. It is in reference to such persons that I think it is of the utmost importance that the charitable verdict pronounced by society and by coroner's courts should be set aside, and that a strong feeling should be created in the public mind of the heinousness of the offence, whenever it is not the clear and direct result of admitted insanity.

But there is another matter of equal importance to be attended to, and that is, that no unnecessary publicity should be given to these unfortunate catastrophes when they occur.* It is scarcely possible to

* I cannot omit quoting here Mr. Farr's observations on this subject.—“Some plan for discontinuing, by common consent, the de-

take up an ordinary newspaper without finding in it one or more cases of suicide, detailed with the most circumstantial minuteness. It is, perhaps, quite necessary for the public advantage that these cases, when they occur, should be duly recorded in the chronicles of the day; but no sufficient reason can be assigned for the scrupulous exactness with which the particulars are invariably given. I know that the public generally have a most craving appetite for such histories, as, indeed, they have for all that is marvellous in the incidents of human life; but why the press, that is justly considered to be one of the most powerful teachers of the age, and that ought scrupulously to avoid everything objectionable, should lend itself to a practice attended with so many and such manifest disadvantages, is difficult to conceive. It is to be hoped that the time is not distant when everyone engaged in the periodical literature of the country will feel it to be his duty to abstain from publishing, in detail, accounts which are thus capable of becoming the innocent cause of much subsequent mischief.

But is this the only good effect that is likely to result from the adoption of sounder views and a healthier practice than has hitherto prevailed in re-

tailed dramatic tales of suicide, murder, and bloodshed, in the newspapers, is well worthy the attention of their editors. No fact is better established in science than that suicide (and murder may, perhaps, be added) is often committed from imitation. A single paragraph may suggest suicide to twenty persons. Some particular chance but apt expression seizes the imagination, and the disposition to repeat the act in a moment of morbid excitement proves irresistible."—*Registrar-General's Third Report*, p. 82.

ference to this subject? Will the benefit be limited to those whose minds are otherwise exempt from the invasion of disease? I believe not. I think it is not unreasonable to suppose that, even over those who are already labouring under partial insanity a certain influence for good may be exerted, which will have the effect of restraining some of them, at least, from the commission of suicide. I have already stated, in the last chapter, my firm conviction that certain classes of lunatics are capable of exercising some degree of self-control, and of restraining their passions within proper bounds: and everything which tends to lead any of these unfortunate beings to act in conformity with the dictates of right reason must be attended with the greatest advantage. Much of the benefit that has attended the application of the moral system of treatment to these patients has resulted from the proper employment of means founded on a knowledge of this fact; and that means of this kind are really capable of producing the effects intended has been proved by the complete success with which they have been employed in checking epidemic suicide. It may be said, perhaps, that suicide occurring under such circumstances ought rather to be regarded as a fashionable folly than a real instance of actual insanity; but if lunatics are capable of practising self-restraint, under any circumstances, why should it be thought unreasonable to suppose them capable of exercising it in reference to this tendency to self-destruction? That they are capable of commanding their own feelings and actions, to a certain extent, will be readily admitted, as I have said, by

every one in the least degree conversant with their habits. I have known a young lady, when very ill, labouring under the idea that she had committed various horrible offences, and fancying that she ought to commit suicide, because she was no longer fit to live, exhibit this power of self-control in the following remarkable manner :—Being very much disturbed in her mind, she could not remain quietly in bed at night, but used constantly to get up and walk about in the most uneasy manner. To prevent this, lest she should do some injury to herself while the attendant, who occupied a bed in her room, was asleep, she was in the habit of being fastened to her bed. The matron of the institution, however, thought she would make an experiment with her, and said that if she would promise not to get up during the night, she should be left at liberty. She did so, and kept her word. Every night afterwards that she gave her hand to the matron, repeating the promise, she remained perfectly still until the morning; but any night that the promise was omitted to be asked, she was sure to get up and walk about.* Various other illustrations of the same thing might be added, if necessary.†

Perhaps it may be thought, that if the views

* “Most of the improvements which have of late years taken place in the treatment of the insane have flown from the more decided recognition of the principle of more or less power of self-control remaining in the insane.”—Dr. HERMANN, *Psychological Journal*, i. 467.

† The cunning with which monomaniacs conceal or deny their delusions, when they think it expedient to do so, is to be referred to the same power of self-control.

here put forward be correct as to the influence which strong impressions are capable of exerting, both upon the sane and the insane portions of the community, it would be highly inexpedient to alter the present statutory enactments directed against *felos de se*, and that we ought rather to go back to the old practices entirely than to remove the remaining. But in this opinion I cannot concur, because, however useful it might be to have cases of this kind marked out for general reprobation, by some custom or other calculated to make a deep impression on the public mind, the part of the penal statutes which has been left, and which, I believe, extends only to the confiscation of the person's goods to the crown, is that which is least likely to be productive of any benefit in this way, while, at the same time, it inflicts a very serious injury to the survivors. Had this been repealed while the other provisions had been retained and put in practice, possibly some good might have resulted to society; but certainly nothing could be worse than leaving a penalty of this kind on the statute-book, the effect of which, as I have shown, has only been to habituate the mind to a verdict which, in public estimation, removes responsibility from the individual, and converts a crime into a casualty.

It is most important that the idea should be diffused as extensively as possible throughout society, that the feeling upon which the suicidal impulse depends, is, in a great majority of cases, the result of bodily indisposition, which is capable of being removed by appropriate treatment, and not, as is too generally believed, a purely mental impression, unconnected

with the peculiar condition of the corporeal organism. Were this idea entertained, many an unhappy case of this kind might be easily prevented. They would feel at once that the proper course for them to pursue to get rid of this horrid thought, would be to place themselves, without a moment's delay, under skilful medical care, and to submit implicitly to whatever treatment might be thought necessary for their recovery ; and it must be satisfactory to every one in this unhappy condition, to be informed that the existence of this unhappy propensity is no bar to their ultimate recovery, but that even when it depends upon actual insanity, as large a number of cases are restored to reason as of those where no such complication can be discovered.

CHAPTER VI.

OF HOMICIDAL INSANITY.

THERE are two or three other forms of insanity to which it is desirable briefly to direct the attention of the reader. We shall commence with that which is connected with the commission of homieide.

This form of the complaint presents many important points of resemblance to that which has been described in the last chapter in connexion with suicide, particularly this one, that it seems frequently to assume all the sudden violence of a perverted and unmanageable impulse. Indeed, the principal difference between the two forms appears to consist in this, that the fatal blow in suicide is aimed at the individual himself, while in homieide it is directed against a stranger. If it be objected that it is impossible to refer cases of this kind to a perversion of the instinctive principle, in the same way in which those of suicide can be explained, it may be answered that there is a natural tendency implanted in every man's bosom to succour a fellow-creature in distress, which is similar in kind, though inferior in intensity, to that which prompts us to endeavour to preserve our own existence. When the two principles come into collision, the weaker naturally gives way to the stronger; but this does not prove that they are essentially different.

Further, an analysis of the instances of homicidal insanity which occur in practice, will exhibit precisely analogous conditions of the moral feelings to those we have shown may be detected in a case of suicide. Thus we may distinguish four principal varieties of this form of the disorder. In the first, conscience retains its integrity while reason is perverted—a delusion as to the peculiar office and calling of the person affected lying at the foundation of the act; as when he imagines he has received a divine commission for the execution of his sanguinary purpose. When a man is impressed with this idea, he proceeds to its accomplishment under the full persuasion of the perfect propriety of what he is about. Admitting the criminality of homicide in general, he considers that there is nothing wrong in the instance before him, but looks upon himself as engaged in an act of praiseworthy obedience to the divine will. Cases of this kind, though comparatively rare, occasionally occur, and are, in general, easily recognised by the manifest symptoms of mental aberration presented by the patient. He does not hesitate to speak openly of his design beforehand; he makes the most deliberate arrangements for carrying it into execution; is often perfectly blind to the proceedings of his friends to prevent the accomplishment of his purpose; and in his language and manner he assumes all the dignity and importance that he conceives ought to belong to a divinely-commissioned agent. If he succeeds in his attempt, which is seldom the case, owing to the peculiar features of the malady, and the precautions adopted for its prevention, he makes no attempt at conceal-

ment or escape, but rather glories in the triumphant issue of the heavenly-directed vengeance.

The second variety consists in the perverted action of the instinctive principles simply. Suddenly, without apparent premeditation, or the least assignable motive, some unoffending person is seized upon, and before assistance can be afforded, or the victim can effect his escape, a fatal blow is struck, and all is over.* It is not easy to say whether, in cases of this kind, there may not be some real but obscure delusion operating on the mind of the lunatic, and which, could it be properly understood, might in some mea-

* As illustrating, in some measure, the suddenness with which an impulse will seize upon a lunatic, I may mention the two following cases, which fell under my observation a good many years ago:—Mr. G., a young gentleman, an inmate of a private asylum, became one day more than usually excited; he was asked to retire for a short time to his bed-room, but refused. Two or three attendants entered the parlour, where he was standing with his back to the fire, when he suddenly seized a chair, and darted off towards the window, swearing, as he held it lifted up in the air, that he would dash the brains out of any one that would attempt to approach him. As the attendants closed in on him on two sides, he struck the chair against a large pier-glass which stood between the windows, breaking it in pieces; and then, laying it down in a perfectly quiet manner, said he would go without resistance. The second case was extremely similar. A pier-glass in a billiard-room was broken under circumstances perfectly analogous, only that the instrument of destruction was a billiard-cue. In both, the fury of the storm exhausted itself in a momentary outbreak. I believe that the breaking of the glasses in each case was the conception of the moment, probably suggested by the proximity of the object, and effected for the purpose of appearing not to surrender without some attempt at resistance.

sure explain what appears on the surface to be so utterly incomprehensible. Thus, he might imagine that the person attacked was at the moment meditating some sinister design against him ; or he might fancy that the mere act of coughing, of clearing the throat, or spitting on the ground, done in the most perfect ignorance of its being a peculiar cause of offence, as I have known to occur in more than one instance, was intended as a personal insult, and the passion thus excited, rising to an ungovernable pitch of fury, might have been the real cause of the paroxysm of frenzy.

The third variety is dependent on a deranged condition of the moral feelings. Persons who ought to be the most tenderly loved, and who have never given any just occasion to be otherwise regarded, become the objects of suspicion and dislike, which increase in intensity the longer they continue. At last, at some unguarded moment, these long pent-up emotions overflow all restraints, and the life of the unoffending party is sacrificed on the instant. It can scarcely be denied that whenever a groundless hostility of this nature can be proved to exist, when there has been no previous cause of quarrel between the parties, and when the feeling is as intense as it is inexplicable, the person who cherishes it is as truly to be regarded as insane upon that point as if he were labouring under some intellectual delusion. But even if it could be proved that some disagreement had at one time occurred between the parties, a grossly exaggerated enmity, as compared with the nature and extent of the injury complained of, ought to be regarded, if per-

sisted in for any time, and if it resists all attempts at reconciliation, as an evidence of the morbid state of the moral feelings, approaching to insanity, if it does not actually amount to it. One of the most striking peculiarities of all kinds of insanity, is to overrate the importance of everything affecting the person who is attacked by it. The personal pronoun, in some of its variations, is mixed up with everything that happens, and casts a peculiar shade upon the thoughts and actions of the individual. Small things, if they can be regarded as having the slightest relation to the lunatic, assume a much greater importance in his estimation than matters of higher moment, which do not appear to concern him; and it is surprising with what ingenuity these patients can twist everything, however remote, that strikes their imagination, into some personal relation to themselves. It will hereafter be shown that groundless and perverted feelings of this nature constitute the leading characteristics of a very important class of cases of insanity; and although no feeling of hostility, be it ever so well founded, will justify a man in committing violence on another, so long as conscience retains its integrity, yet the essence of the complaint consists in these feelings breaking loose from the restraints of their natural superiors, and overwhelming the rest of the faculties in the exercise of their legitimate functions.

The last variety is that in which the predominant element, as far as a careful analysis will enable us to determine, consists in a disordered condition of the conscience itself. The person is incapable of perceiving the moral guilt of the act at the time of committing

it, and motives which, under ordinary circumstances, would have no weight in the scale of human conduct, become capable of turning it in an improper direction. An individual, weary of life for example, will sometimes commit murder as an indirect mode of accomplishing self-destruction. In doing this they are influenced by no feeling of hostility to the unfortunate victim of their fury, which is often a helpless and innocent infant,* but are actuated by a desire to perish in the course of legal justice instead of by their own act. That the conscience is sadly astray when it can act thus, cannot be questioned for a moment; for while it prompts them to abstain from suicide under a conviction of its sinfulness, it does not lead them to perceive the equal sinfulness of murder.

When we come to compare cases of suicide and homicide together, we cannot help being struck, notwithstanding the close affinity they bear to each other, with the very different estimate that is entertained by the public respecting them. While most persons are disposed, without hesitation, to regard every case of the former as the direct and immediate result of in-

* In Burrows's "Commentaries on Insanity," p. 34, is given a remarkable instance of a young woman hanging her little brother, seven years of age, whom she tenderly loved, "for to send him to heaven, and she would cut her own throat for to go to heaven along with him." This was clearly an example of impulsive homicide; after the idea of destroying different children had occurred to her mind on different occasions within a short interval, she was left alone with this little boy, when the horrible suggestion was carried into execution; but even then, in the attending circumstances, there was sufficient to prove that the act itself was committed under a paroxysm of frenzy.

sanity, very few are found willing to acknowledge almost any case of the latter as proceeding from the same cause. The popular tendency of opinion in the two classes of cases runs in opposite directions : in the one it is to establish the existence of insanity, even though unsupported by any evidence ; in the other it is to repudiate it in opposition to the clearest evidence. That this tendency to arrive at a conclusion before the facts are investigated exists, cannot be questioned, and it requires the most cogent reasoning to be brought forward before the impression to which it leads can be removed. Several circumstances, without doubt, concur to produce this prevailing bias. In the first place, when we read an account of a deeply painful event, all the sympathies that glow within us are stirred up on the side of the sufferer ; it is the very nature of sympathy to be so affected. In the case of suicide there is but one object to arrest our feelings — the agent is at the same time the victim of his frenzy ; but in homicide the attention is divided between two objects, of whom one only is the sufferer, and upon him, therefore, the sensibility of the observer is necessarily fixed. The first gush of feeling goes a great way in determining the opinion that is ultimately formed concerning it. In the second place, every man is supposed to possess an inherent interest in the preservation of his own existence, which no circumstances can possibly alter ; hence it requires a great deal of argument to convince a bystander that when an individual commits suicide, he is actuated by any of those base and improper motives which so commonly lead to the commission of murder. But in

homicide so many circumstances may exist to render the death of one man a positive benefit to another, that we are prone, in the absence of all proof, to take it for granted that some intelligible and rational motive must have existed to lead to its perpetration. The idea of what *may have been* the cause produces in our mind precisely the same effect that the absolute knowledge of it in other circumstances would have done. And in the third place, the public generally are influenced in taking this view of homicide by a persuasion that if insanity should be admitted as an intelligible and acknowledged cause for its commission, vast difficulty would be experienced in vindicating the majesty of the law and in repressing crime.

I have already, I hope, succeeded in establishing that the public labour under an error in supposing that *all* cases of suicide are the result of insanity. I think they are equally mistaken in the sweeping conclusion they are apt to pronounce upon cases of homicide. I am very far from maintaining that all cases of homicide are necessarily the result of insanity; all I contend for is, that some such cases do occur, from time to time; but as to their number or relative proportion, that is a question I am not at present concerned in answering: each particular instance must be judged of by itself, and which of the two categories it ought to be classed in must be determined by its peculiar features. Nor is the difficulty that jurists may experience in deciding what cases are and what are not to be included in this class any reason for repudiating their occurrence. If such cases do occur, the interests of justice and humanity require that they

should be distinguished from all others, and that no punishment should be inflicted upon any person who is not properly an accountable being. It would be saying very little for the state of science, medical and legal, if the difficulty of determining a complicated question were to be made an excuse for cutting the Gordian knot by a sweeping and indiscriminate conclusion.

The difficulty that the admission of homicidal insanity practically leads to is two-fold in its character—first, the determining the actual condition of the offender at the time of the commission of the act; and secondly, assuming the fact of his insanity to have been proved, the determining the extent of his responsibility. Let us consider each of these points separately: there can be no question that a sane man may perpetrate a murder, and then to screen himself from punishment, may put forward the plea that he was not in his right senses at the time. How is such a case to be distinguished from one in which the plea is founded in truth? There are certain classes of cases which will cause very little embarrassment in the settlement of this question. For example, when the person charged with the crime has been under medical treatment as an acknowledged lunatic immediately before the period at which the offence was committed, proof may be required to show that the act was the direct result of the morbid affection under which he laboured; but a smaller amount of proof may be admitted under these circumstances than under different ones. A second case will be where distinct evidence establishes the fact of the existence

of a conspiracy to perpetrate the murder. Where this can be proved, no argument will be sufficient to show that the person charged was labouring under insanity. It is a curious, as well as a very important feature in this complaint, that patients affected with it seem to be incapable of combined action. I have never heard or read of a case in which a number of lunatics ever formed a plan of united action but one, and that is given in an American report,* the particulars of which are not stated with sufficient minuteness to enable us to form an accurate opinion as to its real value. The fact itself is well deserving of particular attention. Were it not for this, it would be a matter of the greatest danger to congregate together such a large number of patients as are frequently collected in our various asylums. If I were to offer an explanation of the phenomenon in question, I would say that it depends not only upon the *isolating* tendency of the malady in all its forms, separating the individual within the narrow compass of his own immediate ideas, but also upon the power of discrimination possessed by such of them as retain sufficient intelligence to permit of their taking any part in a project of the kind. Insensible of their own infirmities, they still are capable of observing those of others, and hence are naturally led to shrink from sharing any enterprise which originates with such projectors. I have scarcely ever known a patient in an asylum who was not able to recognise the illness of his fellow patients, and who

* "Third Annual Report of the Ohio Lunatic Asylum," quoted in *Psychol. Journal*, No. XII. p. 480.

did not readily acknowledge it, even at the time that he stoutly repudiated the idea of his own illness.

A third case, which will be easily disposed of, is that in which the individual has never betrayed the least symptom of insanity up to the moment of committing the offence, and who, though narrowly observed subsequently, has not exhibited any of the ordinary effects of the malady afterwards. No one will admit that a plea put forward under these circumstances is founded in fact. It is quite true that a man may become suddenly insane, and in that state commit various acts of violence before his condition is suspected; but it is scarcely possible for the symptoms to pass off again so rapidly as to render it a matter of doubt whether he had been really in that condition. Such an occurrence, if it occurred at all, is most likely to happen where an attempt has been made to commit suicide and failed, because there the loss of blood, unloading the vessels of the brain,* may remove the congestion upon which the paroxysm depended; but from the impossibility of relief being afforded thus suddenly in mere homicide, it is not to be supposed that the attack should terminate with the accomplishment of the offence.

Having disposed of these cases, the only ones that are likely to lead to any material embarrassment in

* "Damien, who attempted to assassinate Louis XV., persisted to the last in saying that had he been bled that morning, as he had wished, he never would have made the attempt."—*Quarterly Review*, XLIV.

Many attempts to commit suicide are checked by the loss of blood suddenly removing the feeling upon which they depended.

determining the mental condition of the accused, are those in which, after the commission of the crime, the patient exhibits certain symptoms, real or fictitious, of mental derangement. In attempting to form an opinion as to whether these symptoms are or are not genuine, it will be important to bear in mind the cautions we have already given as to the absolute necessity of not confining our attention to any single point of the culprit's case, but of investigating the whole history of the transaction, so as to take a comprehensive view of every circumstance calculated to throw light upon his real condition. Persons who counterfeit insanity may sometimes succeed in producing a tolerably fair representation of the complaint, so far as mere words and actions are concerned, but it is not possible for them to affect the changes in their physical state that accompany the earlier stages of the disease. Still further, persons who are really deranged, for the most part, strenuously repudiate the insinuation as unjust and unfounded, while those who counterfeit the character will be exceedingly anxious to sustain it by every means in their power. Persons who commit homicide under a sudden impulse almost always exhibit all the symptoms of great cerebral excitement immediately afterwards, while those who perpetrate it in a cooler manner seldom fail to give beforehand, when proper attention is paid to their conduct, sufficient evidence of their real mental condition to prevent any misconception arising on the subject.

Before dismissing this topic, it may not be out of place to allude to two tests which are generally relied

on as affording a satisfactory clue to the sanity or insanity of the person accused, and which at first sight appear to be of great value. These are, the presence or absence of any rational and intelligible motive for the commission of the act; and the fact of his making or not making any attempt to conceal himself from public observation at the time of its perpetration.

As to the first of these, if it can be proved that no personal motive existed to account for the commission of the crime, this of itself ought to go a great way in leading us to think that the man who committed a wanton and unmeaning outrage upon another was not master of his actions at the time; but it is by no means an infallible test. It is often extremely difficult to fathom the real motive for human conduct.* Perfectly sufficient and intelligible motives may exist, though it may be altogether impossible to discover them. Besides, a sane man may kill a stranger in mistake for another against whom he has a real cause of hostility. Would it not be absurd to infer, in such a case, the mistake remaining undiscovered, that because the man committed a gross outrage without any apparent cause, that he was therefore insane? On the other hand, the existence of a motive for the act, though a perfectly intelligent motive in itself, is

* Oxford, who shot at her Majesty, and was subsequently confined in Bedlam for the offence, stated, in a conversation with Mr. Warren, in reply to a question as to what motive prompted him to such an act — "Oh! I was a fool; it was just to get myself talked about, and kick up a dust." — *Psychological Journal*, No. XVI. p. 581.

no proof that the person committing it is really sane. As I have said before, a lunatic may be actuated by a well-grounded enmity in the gratification of his passions, as well as a man who is in full possession of his reason.

Nor is the second test one whit more conclusive. A sane man may, under certain circumstances, feel it to be a duty to risk his life for the accomplishment of what he considers a great and patriotic purpose, and having deliberately formed the resolution, he will strike the blow, even though he sees clearly that it will be impossible for him to escape observation or pursuit. The knowledge of his precise position, and the estimate he forms of the act itself, will lead him to make no *attempt* at escape, but rather to glory in his daring. The conviction that he has fully committed himself to all the consequences of the attempt, if unsuccessful, will give him a certain degree of calmness at the moment of his apprehension, but there will be none of that callous disregard to the value of his own life that is so constantly manifested by the infuriate lunatic. There will be all the heroism of unflinching courage, but there will be none of the stoical indifference that characterises actual frenzy. On the other hand, we find lunatics occasionally endeavouring to conceal the fact of their having been implicated in the commission of crime. Their plans are deeply and deliberately formed beforehand, and every precaution seems to be taken to guard against surprise and disappointment. If taxed with the act, they will stoutly and stolidly deny all knowledge of it. It is notorious that lunatics often display an amount of cun-

ning in concealing their true opinions and feelings far beyond anything that persons in the full possession of their faculties are accustomed to do.

We now come to the second and more difficult part of this subject, and that is, supposing the fact of partial insanity to have been established, to ascertain the precise amount of responsibility which is to be attached to it. Whenever a criminal trial takes place, in which the sanity or insanity of the culprit is mooted, the real, though not the formal issue sent to the jury to decide, is this one of his accountability. Assuming it to be an axiom that insanity necessarily implies irresponsibility, both parties set themselves to labour in opposite directions to establish and refute the plea thus set up, according to the bearing it will have upon the interests of their respective clients. That the position thus assumed is untrue, must be evident to every one who reflects on what has already been said of the nature and effects of partial insanity. Many a man labours under a delusion which neither interferes with his perceptions of morality, nor exercises the slightest injurious influence upon his personal conduct. But the position is not only erroneous in itself, it is also extremely inconvenient in its bearing upon the settlement of the question which is referred to the jury for decision, because it necessarily leads to their attention being directed to extraneous topics, totally irrelevant to the matter in hand, and which can only mislead and confuse them. If it be possible that a man may be a lunatic and yet accountable for his actions, it is evident that the advocates on both sides may exercise a great deal of in-

genuity in an idle and unavailing encounter. All this would be avoided by having it laid down as an established maxim, that while the existence of insanity did, in certain cases, exonerate the individuals affected with it from the legal punishments due to crime, it did not do so universally. What would then be requisite to promote the ends of justice would be, to have the culprit's accountability ascertained ; and this is plainly a perfectly distinct subject of inquiry from his mental condition. Not that the latter is to be overlooked, as if it were a matter of no consequence, but simply that the two questions should be kept distinct from each other, in order that the solution of both may be thereby facilitated.

That certain forms of insanity render the individuals who labour under them perfectly irresponsible in the eye of the law, is universally admitted ; the common sense of society, which is superior in authority to every written code, is sufficient to establish this point. But when we come to determine the cases which are properly to be comprised in this category, we find ourselves immediately involved in a perplexing controversy. Many persons, as has already been hinted, maintain that every case of insanity ought to be thus regarded, because it is a matter of extreme difficulty to determine the actual relations of human thoughts to one another. Many persons, again, arguing from the fact that lunatics are capable of having their conduct* influenced by the same motives as

* Dr. F. Winslow, in his "Plca of Insanity," p. 16-17, mentions several instances to show that lunatics are conscious of their legal immunity from punishment, and occasionally commit crimes under

those which actuate men in the full possession of their senses, maintain that nothing short of the *total* perversion of the reasoning powers is sufficient to excuse them from the penal consequences of their actions. Both of these views appear to be erroneous. The laws of England, as laid down by the best authorities,* require proof "that the individual, at the time of committing the act, was not capable of distinguishing right from wrong," for the purpose of exculpating him from the penal consequences of the act, or, as more recently expressed by the judges,† "that he did not know that he was doing an illegal act." These views are open to very plain and palpable objections. Not to speak of their vagueness, nor yet of the impossibility, in many cases, of establishing the points that seem to be rendered necessary for the vindication of the supposed lunatic, it must be obvious to every one practically conversant with the habits and sentiments of the insane, that they may have very correct notions upon the moral fitness of certain actions, and very erroneous ones upon others; in other words, they may be truly accountable as far as certain parts of their conduct is concerned, and not at all so as regards other portions; and if this be so, how is the rule of our law courts to be applied? I greatly fear, if the maxim of the judges were to be rigidly applied in all

this impression, expecting to escape from the consequences; and I have myself heard them discussing the abstract question, in all its bearings, with as much acuteness as any sane person could possibly do.

* "Collinson on the Law of Lunacy," 657.

† Answers to questions proposed by the House of Lords, 1843.

eases, that scarcely a single inmate of any of our asylums would come within the protection that it admits in some instances ought to be thrown around the unfortunate objects of our study. When an attendant calls to a patient placed under his charge, whose intellectual capacity seems to be but little elevated above the level of idiocy, to abstain from doing something which he ought not to do, the suddenness with which he obeys the injunction, especially if it be a thing for which he has been habitually reprov'd, proves that he must have an obscure notion of right and wrong, and yet the very next moment he will, in all probability, relapse into the same course of action, thereby showing the feebleness of his moral perception, which is insufficient to restrain him from repeating the offence. Now, if such a person were to commit a crime, as is not an impossible occurrence, would it be thought that the blunted consciousness of right and wrong which he thus exhibits would render him a responsible being, and therefore amenable to punishment?

But here comes the practical difficulty in the way of the settlement of this question. If we admit that lunatics, affected with partial insanity, may be, under certain circumstances, responsible for their actions, and under certain other circumstances not responsible, how are we to decide when they are to be exempted from punishment and when not? And farther, supposing that they are, under any circumstances, fit objects of punishment, how is that punishment to be regulated to their offence, and when is it to be administered?

As to the first of these questions, I think the posi-

tion laid down by Lord Erskine, in his defence of Hadfield, is the only rational criterion to determine the responsibility or irresponsibility of a lunatic ; and that is, the manner in which the lunatic's insanity, and the crime with which he is charged, stand related to each other. If there appears to be a natural, and obvious, and intelligible connexion between them ; if, in fact, the offence was the necessary offspring of the delusion under which he laboured, then is he justly to be considered as excused from the consequences of his conduct, but not otherwise. In the application of this test, of course some difficulty may be occasionally experienced, from the obscure character of the connexion subsisting between mental operations generally, and still more from the irregular and unaccountable manner in which those operations are known to take place in the insane ; but this would be obviated in practice by that merciful maxim that is universally resorted to in all doubtful cases in our courts of law, and which throws the shield of its protection over every matter which is not clearly proved to be the result of crime.

In the settlement of these inquiries, I am persuaded that no more suitable tribunal can be devised than that which has been in use in these countries from time immemorial, and which has justly been regarded as the great bulwark of our lives and liberties. Some modification, perhaps, might be introduced into its constitution and mode of acting with advantage ; but no professional court, however scientifically exact it may be made, could ever carry with it that weight of public confidence and authority that an in-

dependent jury, composed of men of intelligence, engaged in ordinary avocations, is sure to possess. The two questions they would have to decide in every trial of this nature would be—first, is the individual really insane, and if so, what is the nature and extent of that insanity?—and secondly, had that insanity any direct influence in leading him to the perpetration of the crime with which he is charged? If these points be carefully investigated, and their connexion clearly ascertained, I feel persuaded that we shall have as sound and as intelligible a basis for this department of medical jurisprudence as it is possible to construct; and although juries may occasionally fall into error, acquitting the guilty and condemning the innocent, yet in so difficult a subject it is quite impossible to guard entirely against error, and we must be satisfied with the closest approximation we can get to a safe and manageable machinery for the solution of its intricacies.

As to the second question—namely, the propriety of making lunatics, under any circumstances (even when proved to be sufficiently rational to be capable of self-restraint), amenable to punishment, I think that everyone will agree with me in concluding, that so long as such a malady as this exists, no individual ought to be regarded as a fit subject for punishment, and least of all ought he to be sent to an ordinary prison, to undergo the penalty for his misdeeds. The plain and obvious duty in all such cases is, to forward him to a proper asylum, to have his malady skilfully treated; and until this is done, nothing else ought to be thought of. But if, owing to the use of measures

proper for his recovery, he is, after a time, restored to health, it may then be a question whether he is not properly punishable for crimes wantonly committed in his insane condition, though unconnected with it. In no other way, I conceive, can punishment be brought to bear upon the insane. The present practice of our courts of law appears to me to be highly objectionable. A man is proved to have committed murder when labouring under insanity, and is acquitted in consequence. He is immediately transferred to an asylum, and confined for life, for an offence which implies no moral fault ; and though he may recover, and exhibit all the evidences of perfectly restored reason, he is detained in custody, though legally pronounced innocent. A few cases* have recently occurred, which show that a sounder and more rational view of this subject is beginning to be entertained ; but the proper principles which should regulate the confinement and the liberation of criminal lunatics seem to demand a greater degree of consideration than has yet been given them. The nature of the malady under which the person has laboured at the time of committing the crime ought to be thoroughly investigated, and if it appear to be such that no subsequent danger is likely to accrue to society by his liberation, he ought not to be detained in con-

* See the "Fifth Report of the Inspectors of Lunatic Asylums in Ireland," Dublin, 1851, p. 11, which states that four lunatics convicted of homicide having recovered their reason, were, by order of the Lord Lieutenant, on the recommendation of the inspectors, set at liberty, subject to certain conditions, which were thought necessary for the public protection.

finement after he has recovered perfectly. But if this should not be the case, the safety of the community at large is a sufficient reason for his continued detention. In all cases where the disorder assumes the impulsive form, or where it comes on periodically, as it sometimes does in connexion with epilepsy, the patient ought to be kept under constant and tolerably close surveillance, if not permanently confined in an asylum.

There is one aspect of this subject which does not seem to have attracted the attention of the legislature, which it seems to be entitled to, and that is, the propriety of investigating the conduct of the immediate relatives of the party charged with the commission of homicide, to ascertain how far they may have been guilty of remissness in not taking the necessary steps for his proper care. Many cases occur daily in which the symptoms of mental derangement had been obvious to the immediate neighbours for some time previously, and yet no steps were taken to lead to their being placed under restraint until some horrible tragedy is enacted, and the life of one or more unsuspecting victims is sacrificed to a sudden outburst of fury. That the immediate relatives are bound to look after the interests of those who are connected with them when they are attacked with so serious a malady, must be obvious to everyone, and that some penalty should be attached to the neglect of so pressing a duty is nothing more than what is reasonable. But they are guilty not only of a breach of charity to their own connexions, if they leave them to suffer from an illness that may be said to bury them alive, unless it be averted, but also of a very serious offence

against society if, through their neglect, any injury should be inflicted upon strangers. The law very properly interferes for the protection of the community when domestic animals of a dangerous character are suffered to go at large, and their owners may be made responsible for any damage they occasion. Is it not an equally pressing duty to see that those who are bound by natural affection to look after their insane relatives, do not neglect their obligations, or if they do, to make them answerable for the consequences? Recent legislation has given the surviving relatives of parties killed by accident upon railways, &c., the right of recovering compensation from the individuals through whose culpable negligence the casualty occurred. Might not something of the same kind be enacted in reference to the cases we are now speaking of?—and would it not be likely to prove a most effective check upon their subsequent recurrence, as well as a most beneficial measure for the unfortunate lunatics themselves, inasmuch as everything which tends to secure their being placed promptly under medical care goes a great length to prevent their degenerating into a state of hopeless and helpless irrationality?

As it is, every motive that can influence a man of timid disposition, except natural affection and a sense of what is right, operates to induce him not to interfere with his relation, even when he sees him manifestly labouring under symptoms of insanity. The law, it is true, *allows* him to place him in confinement: but then it distinctly tells him that he does it at his peril, and that he may suffer inconvenience and danger

afterwards for his friendly interference ; and he does not know that this act of sincere but unnecessary kindness may lay the foundation of personal estrangement between him and the patient afterwards, and even lead him into painful and perilous collisions. But the law imposes no penalty for *neglect* of what is thus inconvenient and disagreeable. Is it, then, any wonder that so many persons should shrink from a duty that is thus distasteful, and that so many victims should annually perish at the hands of patients in every stage of the disorder, who might and ought, under a different system, to be placed in positions of security for society and of advantage to themselves ?

CHAPTER VII.

OF MORAL INSANITY, CLEPTOMANIA, AND
PYROMANIA.

THE next form of insanity to which I think it necessary to advert is that which is commonly called moral insanity, and which consists essentially in a perversion of the feelings and affections, unaccompanied by any apparent derangement of the intellectual faculties, properly so called. It has, owing to this circumstance, been described by French writers under the paradoxical names of "*folie raisonnante*" and "*manie sans delire*." The existence of such a form of insanity as I have already hinted at, though almost universally admitted by medical writers, has been called in question by some of our highest legal authorities, who insist that no case ought properly to be referred to that denomination which does not exhibit some evidence of the existence of a palpable delusion affecting the patient's understanding, or some undoubted lesion of his reasoning powers ; and that such a state, if it were proved to exist, would not incapacitate the individual from the performance of any of his ordinary duties, nor absolve him from any kind of responsibility, nor justify any steps being taken to deprive him of his liberty. It is not in general easy to settle a controversy which is carried on between parties so differently circumstanced as is

the ease in this instance, both as regards the point of view from which they look at the subject, and the opportunities they possess of making observations respecting it. Differences arising from the peculiar character of the education enjoyed by members of the two professions, and differences depending on the trains of thought habitual to each, may go a great way to account for the opposite opinions maintained on this question ; yet I cannot help thinking that the point in dispute is rather the meaning of the term "insanity" considered in the abstract, than anything else. The one party, believing that that term has a certain legal force, refuse to acknowledge the propriety of its application to a class of cases which seem to them to have no right to be regarded in this aspect ; the other, looking only at the subject in connexion with practical medicine, and disregarding the consequences in law to which its adoption may lead, maintain that they ought justly to be included in the same category with others which present analogous pathological phenomena.

Whether any cases ever do occur in which the moral sentiments are estranged from their proper natural condition, while the intellectual faculties remain in a state of perfect integrity, is perhaps more than any one is warranted, in the present state of our knowledge, in asserting ; but that cases do occur in which such an estrangement takes place, without any *obvious* lesion of the reasoning powers, cannot be disputed, as the instances to be presently adduced will sufficiently prove. But even though it were possible in all cases to make out, with a degree of clearness sufficient to satisfy ourselves that there was a real

though latent disorder affecting the intellectual faculties uniformly present, so as to bring it strictly within what is considered the legal definition of insanity, it would be impossible, owing to the obscure nature of the affection, to put the matter in such a light as would carry conviction to the minds of the jury, who are legally constituted the court of appeal in doubtful cases : and consequently, the question, as far as they are concerned, would assume precisely the same aspect, whether the lesion of the intellectual faculties were entirely absent or only concealed.

That an estrangement of the moral feelings sometimes takes place in particular individuals, which lasts for a considerable length of time, influences, to a certain extent, their conduct in relation to other persons, and produces occasionally the most painful results, cannot, I am sure, be questioned by men of common observation who pay the least attention to what passes in society around them. That this mental condition, when it exists in the degree I have described, is really a morbid state, and partakes of all the essential character of disease, can scarcely be doubted by those who are at all competent to form an opinion as to its nature ; and further that it is as properly a subject for medical treatment, supposing that any kind of medical treatment is capable of effecting its removal, as any form of purely intellectual insanity, must be readily admitted by everyone who considers the painful effects it produces, both immediately upon the individual himself, and ultimately upon others with whom he may happen to come in contact.

All these things being too well established to admit of being controverted, it only remains for us to consider the effect that a clear apprehension of the matter in dispute must have in bringing the controversy to a speedy and satisfactory conclusion. As I view the question, the real dispute between the contending parties, is not so much the possible occurrence of the mental condition referred to, and which medical men so strenuously assert, but the effects that it ought to have, supposing it to exist, upon the social position and privileges of the individual concerned. And I cannot help thinking that if the views put forward in this essay on the subject of partial insanity limiting the rights and responsibilities of the patient only to a degree corresponding to the extent of the disease, had been generally adopted by medical men, very little room would remain for any important difference of opinion upon this much-disputed subject. It is pretty generally known that estrangement of the feelings is not an uncommon occurrence in the ordinary forms of mental derangement, and hence, whenever a patient labouring under insanity conceives a strong and unaccountable dislike to any of his immediate relatives or friends, the circumstance is considered as a strong corroborative proof of the melancholy condition he is in. But it is not so generally known that a similar estrangement, suddenly produced, and inexplicable on ordinary principles, is often the first symptom of that change in the patient's mental state, which terminates in decided insanity. Cases are frequently met with which establish this position, and which prove that the order

of sequence in which the morbid phenomena occur, is first the moral perversion, and second, the intellectual aberration. The following instance may illustrate this position. Mr. —, now many years dead, was a respectable merchant in the North of Ireland, whose wife had two sisters also married, but their husbands, unlike Mr. —, were not engaged in mercantile pursuits. An uncle of the three ladies having died, left in his will an equal legacy to each of the three sisters, but with this difference, that the sum payable to Mr. —'s account was directed to be placed in the hands of trustees for the benefit of his wife and family, while that given to the other sisters was left entirely at the disposal of their husbands. The reason of the difference in the disposition of the property was obvious enough to everyone who reflected upon the different position of the three brothers-in-law. To guard against the contingencies that a merchant's property is exposed to in consequence of the vicissitudes of business, the testator thought it necessary to secure his bequest in a way which should prevent the occurrence of a casualty that would deprive his niece of the benefit he intended for her ; but as no such precaution appeared to be called for in the case of her sisters, their portion was left free from such a restriction. But the distinction it created, though designed with the very best intention, and prompted by the kindest feeling, was the cause of Mr. — becoming affected with insanity. It preyed upon his mind, led him to look upon his condition as inferior to that of his brothers-in-law, and even to imagine that it was purposely done to lower him in

public estimation, and to stamp him as unfit to be trusted with the possession of the money. One idea led on to another; estrangement from his wife and family followed; this was succeeded by violence of temper and paroxysms of ungovernable rage, and this again by the delusion that all his friends had united in a conspiracy for his ruin. The fact that many cases of ordinary insanity exhibit for a time a perverted state of the feelings, before the evidences of intellectual aberration can be detected, not only proves the possibility of the occurrence of that species of insanity which is commonly designated "moral insanity," but also teaches us, in some degree, what is the precise kind of connexion subsisting between this kind and the more ordinary varieties of the complaint. Medical writers record many cases illustrative of a morbid condition of the moral feelings and affections, while the intellectual faculties retained sufficient integrity to discharge the ordinary duties of life.

The account of the way in which Frederick William of Prussia, the Father of Frederick the Great, treated his son and daughter, leaves no room to doubt that he was afflicted with this form of mental derangement. A medical electrician, of the name of Stott, took an early and unreasonable dislike to his only daughter, whom he treated with the most unnatural cruelty during his life, and finally disinherited; but the will was set aside on the ground of the existence of this deeply-rooted and unwarrantable prejudice.* I have

* *Brit. and For. Med. Rev.* No. X.

myself recently had an opportunity of meeting with two cases of this description in the pay wards of Sir Patrick Dun's Hospital, one of which I have given in detail in a recent medical periodical,* and which I shall only briefly refer to here. He was a member of the Society of Friends, and had been brought up with much tenderness by an affectionate and indulgent mother. For fifteen years, under the plea of delicate health, he had abstained from the duties of business, leaving the burthen of the establishment with which he was connected to be entirely sustained by a younger brother, and had resided by himself in the country. He complained of having lost the power of his lower extremities, and for the last two years of his life confined himself to bed, or at most to a sofa ; but there was this marked difference between his case and spinal disease, as we ordinarily find it, that whereas in the latter the patient will readily make some attempt to move his limbs when desired by his medical attendant, even though the effort be productive of pain, no persuasion could induce Mr. G. to do so, and this though, on the closest examination, no evidence of spinal disease could be detected. The immediate cause of his being sent to the hospital was the impossibility of keeping him at home, owing to the incessant and tremendous noise he was creating. His own account of himself was, that he had suffered some months previously from sciatica, for the relief of which he had taken opium, in large doses, for a great length of time. At last, on coming into town to his mother's house, it was entirely laid aside, and the

* *Psychological Journal*, April, 1853.

abandonment of the stimulus to which he had been then accustomed gave rise to a state of nervous hysteria which led him to cry out at all hours, both of night and day, in the way he did, and which he could not possibly refrain from doing. There were, however, very sufficient reasons for believing that he could restrain himself if he pleased. Thus, when remonstrated with by his sisters for disturbing his mother, who lay in the next room to his, who was advanced in years, and an invalid, he said, "Then that is the very reason I will shout the more." And when he was being brought to the hospital, as soon as he suspected their design from the direction the vehicle was taking, he turned round to his sisters and said, "I know what you are going to do with me—you are going to put me in Sir Patrick Dun's Hospital; take me home, and I promise you I will never shout again as long as I live." His tone of voice and manner while in the hospital, though he continued to give a great deal of annoyance during the whole time he remained there, proved plainly that he was quite able to keep from shouting out as he was accustomed to do, had he been so disposed; yet all this time his memory was perfectly good, his intellect clear, and his intelligence accurate and discriminating. The nature of his malady was further proved by an attempt which he made upon his own life, and by his attempting to bite and injure the attendants in charge of him, whom, with strange inconsistency, he declared a few hours afterwards to be his kind and good friends.*

* This gentleman has since died, and I have been informed by his sisters, that the *post mortem* examination disclosed only a

The second case was that of a man in humble life, unmarried, supporting himself as a weaver, who entered the pay wards for the purpose of being cured of an anomalous pain in his left side. There was a peculiar expression in his countenance, similar to what is observed in many persons who have been long labouring under chronic insanity. His manner of speaking was short, slow, and unsatisfactory, saying but little in answer to the questions addressed to him, and appearing a good deal abstracted as well as reserved. His memory seemed to be impaired ; at least it was impossible to get a distinct reply to many things that he could have no object in wishing to conceal, had his recollection enabled him to answer them clearly. On examining his bodily health, it appeared perfectly good, with the exception of his pulse being rather slow and weak. He had never received a hurt of any kind. He could bear pressure over the seat of pain without the slightest inconvenience. The pain did not interfere with his work, nor was it aggravated when at his employment. He could not describe it, nor did he know of anything to account for it. After remaining about a fortnight in the hospital, during which I observed him closely, and got several medical friends to examine him, I came to the conclusion that he was labouring under some obscure form of insanity, and which could not be advantageously or properly treated there, as it was impossible to explain the nature of his ailment to himself, or to do anything for

slight effusion on the surface of the brain, and no other trace of disease throughout the body.

his relief but what met with his own concurrence. If it be thought that his insanity, supposing it really to exist, partook more of the nature of a delusion as to his labouring under a pain which had no foundation in reality, I would answer that I am far from thinking that his malady consisted in imagining himself to be affected with an ailment which had no existence, but rather in his giving way to an impression, even though it were genuine, which was productive of no inconvenience, which did not interfere with his following his employment, and which was not likely to lead to any subsequent injury. It was his manner—his peculiar cast of countenance, temper, and general conduct in giving up his work for so trifling a cause, and paying for his accommodation in the wards of an hospital, which he could have easily entered as an ordinary patient had he taken the proper means for so doing, that led me to the conclusion I have already stated.

To this class I conceive many cases which are ordinarily considered to be aggravated examples of hypochondriasis ought to be referred: as, for instance, when a person without any sufficient cause becomes unwilling to pursue his usual avocations, lies in bed for days or weeks together, and resists all efforts to be roused up or exert himself. I heard, not long ago, my friend Dr. Osborne detail a history of this kind. It was that of a young gentleman who, after passing through college, entered the ministry in the Church of England, and pursued his labours for some time in a curacy in the sister island. After a short period, however, he threw up his appointment and returned

home, without being able to assign any satisfactory reason for so doing, except that he felt unequal to the exertion. After remaining in idleness for a while, he took to his bed, from which nothing could rouse him. He was then sent to Wales for change of scene; and the last Dr. Osborne heard of him was that he had become decidedly insane, and was confined in a private lunatic asylum.

Some of the most extraordinary cases that medical men meet with are characterised by a long-continued course of systematic deception, carried on by patients for no apparent reason, and prompted by no conceivable motive. Thus they will exhibit matters as having been secreted naturally which are quite foreign to the animal economy, and, by the exercise of an amount of ingenuity worthy of a better object, will succeed for a long time in baffling the vigilance of those who are set upon the watch for the detection of the imposture. What is very curious in these cases is, that they almost invariably occur in young females whose general character disarms suspicion, and who have been placed in a position to render it almost impossible that the idea could have been suggested to them by others; and even if it were, it seems inconceivable to imagine how anyone could be induced to act upon so disgusting a practice, when nothing was to be gained by success, and when failure was sure to be followed by the most humiliating exposure. Dr. Law recently alluded, at a meeting of the Medical Association, to a case in which a young girl, affected very much in the way these patients are, on recovering her health, acknowledged that, during the continuance of her

malady, she was prompted by an irresistible impulse, and without a motive of any kind, to tell lies, which was a source of deep regret to her afterwards ; and he stated his opinion that the occurrence of such phenomena was entirely to be ascribed to physical disease, and was the result of the peculiar condition in which the nervous system was placed at such a time.

I cannot conclude my observations on this subject without expressing my regret at the name which has been usually given to this form of insanity by English writers, as it is apt to convey to the minds of ignorant persons the idea of peculiar criminality in the patients who are the subjects of it. That such a state often leads to the commission of acts which are clearly inconsistent with the principles of religion and morality cannot be questioned, but it by no means implies a greater amount of criminality than other forms of the disease, which, from having a more appropriate name, are exempt from the imputation. Some of the most correct and well-conducted members of society have been thus affected ; and the errors into which they have been led by the violence of their disorder is no more to be taken as a proof of their previous depravity than is the absurdity of the delusions, which a man of eminent intellectual attainments happens to fall into when deranged, to be taken as a proof of his natural imbecility.

Insanity sometimes exhibits itself in a tendency to steal, constituting what has been called by systematic writers *eleptomania*, and differing from a more criminal action in this, that it is not prompted by the wants of the individual, neither is it practised with any view to the subsequent use in any way of the

article that has been stolen. A thief steals only such things as are immediately applicable to the supply of his own pressing wants, or are convertible into the means of supplying them. Hence he does not steal everything which comes before him, but only such things as are suited to his purpose ; and no sooner does he succeed in the accomplishment of his purpose, than he sets about converting it to the use he has in contemplation, or disposing of it to the best advantage. He does not store up his treasures with a view to the gratification of his passion for accumulating, but simply from the impossibility of immediately carrying out his plans for their profitable disposal. A poor lunatic, on the other hand, steals from the mere pleasure he experiences in exercising his ingenuity, and never dreams of turning the spoils he acquires to any further use ; or at most only hoards them up in nooks and crannies, without order and without thought. He is, besides, indiscriminate in his appropriations. Anything he can lay his hands on he greedily seizes, without the slightest regard to its value or utility ; and sometimes, when the person's character is sufficiently known by the shopkeepers that he is in the habit of patronising, he will pay without hesitation for articles he has taken surreptitiously, when the bill has been furnished on the mere suspicion, excited by the discovery of the loss, that he was the person who must have made away with them. I have heard of one instance where a lady was so well known to the shopkeepers of this city, that they made it a rule, in sending out a box of ribbons or any other articles to her carriage, to count

the number of the pieces beforehand, that they might know exactly how many she had taken, for otherwise they would have no chance of discovering their loss. If we analyse this affection, when it amounts to insanity, we shall find that it may depend upon either a desire to elude the vigilance of the proprietor of the goods at the moment of making the attempt, or upon a passion to accumulate all sorts of things without the least regard to their subsequent utility. In other words, to use the language of the phrenologists, it may depend upon a morbid condition of the organ of secretiveness or of acquisitiveness. It is not an uncommon thing to observe in patients labouring under chronic insanity both of these peculiarities very clearly marked. Thus we find one man putting the teaspoons and other articles which have been used at breakfast, into his pocket, whenever he gets an opportunity, and stowing them away in a remote corner, which he totally forgets the next minute himself. In this case it is the first of these passions that seems to be involved; and it is not always articles of value that are seized upon; backgammon-men, billiard-balls, worthless odds and ends of one sort or another are taken at random as they come across his path, and instead of being heaped up in one spot where he would easily find them again, and where we might suppose the second passion would have some influence in leading him to take them away from their proper places, they are well concealed in every variety of position, and in places which are most unlikely to be thought of by others. In other cases it is clearly the second of these passions that seems to be in active operation. Things

are taken openly, and concealment appears scarcely to be thought of, because no attempt is made to effect its accomplishment. While the variety of articles appropriated is just as great as in the examples last referred to, greater care is taken to place them in one spot, which the person remembers, and which seems to have a distinct relation to himself. All the instances I have seen of these affections occurred in persons rapidly degenerating into second childishness, and their state of mind was distinctly evidenced by the absurd and worthless character of many of the articles they were in the habit of picking up.

Insanity is occasionally pleaded* as a defence against the charge of shop-lifting, and it seems, at first sight, extremely difficult to distinguish a case in which an individual is really prompted to the commission of crime by an unaccountable and unmeaning impulse, and another in which such a motive is only pretended; but a careful investigation into the offender's past history, and into his conduct at the time of committing the act, will almost to a certainty set the matter at rest. The real maniac will make

* A case of this nature has occurred at the Recorder's Court, in this city, as these pages have been written (March 15, 1853), and without expressing any opinion upon the propriety of the verdict, I cannot help expressing satisfaction at the decision of the learned judge, that the lady was to be retained in custody till such time as arrangements could be made for having her placed in a proper asylum; for if the plea were founded in truth, the kindest course for the unfortunate lady herself would be to have her placed where her malady would receive proper attention; and the universal adoption of such a determination would go a great way to check the fictitious employment of such pleas in future.

no use of anything he takes in the gratification of his propensity, and he will exhibit no regard to its intrinsic value or possible utility ; he will have no accomplices in the prosecution of his plans, and if he do not hoard them up unprofitably in some out-of-the-way place, he will, at least, not attempt to sell them, so as to realize their value. In all these particulars he exhibits a marked contrast to the criminal who prosecutes his guilty course for the sake of gain.

The last form of insanity to which I shall allude is that which is commonly called pyromania, and which consists in an irrational propensity to set things on fire for the mere pleasure of seeing them burning. I am not prepared altogether to deny the existence of such an affection, but I must be permitted to express my conviction that it is very rare indeed. I have myself never had an opportunity of observing a case of the kind ; and an eminent physician in an extended experience, embracing a period of thirty-eight years, and numbering several hundred patients in all, has only met with a single instance. The same opinion is confirmed by a careful examination of all the cases which have been put upon record by writers in this department of practical medicine, several of which, though the act of arson was clearly established, ought not to be considered as cases of pyromania at all. Thus Martin, who set fire to the York Minster, was clearly labouring under religious monomania ; and the burning of the cathedral was not done to gratify a general passion for kindling a blaze, but simply as a means of carrying out the Divine commission under which he considered himself to be acting.

The rarity, too, of such a thing as a destructive fire occurring in any of our lunatic asylums, public or private, is another proof of the same thing; for, while many of them may be in a great measure protected by the excellent precautions adopted to guard against such a casualty, others, from the nature of the buildings, and general deficiency of arrangement, must be very much exposed to accidents of the sort, were patients commonly inclined to commit mischief in this way: and, even under the most favourable circumstances, it seems, at most, impossible to keep such a constant and strict watch over all the inmates of a large establishment as would effectually prevent their gratifying their propensity on some occasion. Even when a fire does break out in a lunatic asylum, it is almost always occasioned by the overheating of the flues, or something similar, and not by any act of the patients; so that I feel we are justified in considering this form of insanity to be extremely rare. When it does occur, there will, I think, be always found associated with it certain marks, which will draw a broad line of distinction between it and ordinary incendiarism. The latter is always the result of revenge, or some other equally intelligible motive; the former is not so: the man will just as soon set fire to his own property as to his neighbour's, and in some instances, perhaps, more readily; and, while there may be equal secrecy maintained as to the intention of committing the act before the attempt is made by the insane and the incendiary, there will be a wide difference observable in their subsequent conduct: the very nature of the man's frenzy, in the one case,

leading him to remain at the scene of operations, that he may gloat over the magnificence of the blazing mass, while the instinct of self-preservation, leading the other to adopt measures to escape detection, will drive him as far as possible from the neighbourhood. Besides, where the passion really exists, independent of other symptoms of insanity too obvious to escape notice, we shall find that the patient is not satisfied with a single sacrifice to the violence of his propensity, but that he is continually engaged in acts of the kind, and that he is so indifferent to the danger of his position and the criminal nature of his proceedings, as to betray himself some time or other to the observation of those who will be sure to take the necessary steps for his apprehension and trial.

CHAPTER VIII.

OF RELIGIOUS INSANITY.

A LARGE proportion of cases of insanity exhibit symptoms indicating a diseased condition of those faculties which are employed in the worship of the Supreme Being, and from this circumstance may be regarded, with some degree of propriety, as examples of religious insanity. For instance, it is not an unusual thing for a lunatic to fancy himself the Saviour of the World, or some other sacred character. Others, again, are continually engaged in prayer, to the complete disregard of the persons who surround them, or the places in which they may happen to be; and others, again, are impressed with the idea that they have committed the unpardonable sin, and are lost to all eternity. Many persons, I believe, who judge merely from the numbers of such cases, are impressed with the idea that the fervour of religious feelings must have a great deal to say to their production, and that, to a certain class of persons at least, the indulgence in such feelings must be a very dangerous experiment. It is scarcely necessary to point out to the reader's attention the importance of the inquiry suggested by this idea. What we have to consider is the precise relation subsisting between the religious element in these cases and the phenomena they present. Do they stand in the relation of cause and effect,

or is their connexion merely an accidental circumstance to be otherwise accounted for? If the opinion hinted at, which I believe is vaguely, but at the same time commonly entertained, be correct, it will be necessary for the protection of persons of susceptible minds to restrain all that relates to the subject of religion within narrow bounds, and consequently to deprive it of all that warmth and vitality which ought to characterise its existence, and which constitute its chief excellence. But if, on the other hand, it should prove to be erroneous, it is quite plain no necessity exists for such a reserve, either in the education of the young, or in the application of its principles to those of more advanced age. It is not an uncommon thing for persons, as soon as they discover any of their friends to be labouring under what are called religious convictions, to lay themselves out for the purpose of driving these gloomy notions out of their head, and to endeavour to get them to mix in all the pleasures of the world, in the hope that the continual whirl of dissipation will drown the new and dangerous ideas they have begun to imbibe. In acting thus I believe they are influenced by the very best and kindest motives; but the point for consideration is, are they adopting the best means of securing what they are so anxious to accomplish, viz., the peace and happiness of their friends? To put an extinguisher upon the smouldering flame of conviction is not the best way to get rid of the fire. Let the burning embers be opened out—let the light of heaven penetrate to the bottom, and in a very short time the ray celestial will exhaust all source of danger. As I have said, I be-

lieve many persons who act thus do so under an apprehension that these impressions, when uncontrolled, have a tendency to shake the dominion of reason, and to degenerate into insanity. I fear that the remedy they prescribe, the attempt to stifle religious qualms, is of all courses the most likely, in susceptible persons, to produce such a result ; but certainly I am satisfied that the opposite practice, judiciously pursued, has no tendency whatever to bring about such a catastrophe. Let a kind and judicious Christian friend endeavour to ascertain the exact nature of those gloomy feelings that agitate the breast of him who has been recently awakened to a sense of the importance of religion, and having done this, let him apply the consolations of the Gospel, as the circumstances of the case seem to require, and he will, in my mind, do more to guard against an outbreak of impending insanity than all the follies and pleasures, or even the business engagements of the world can possibly effect. It must not be lost sight of that if there were the slightest shadow of foundation for the opinion now alluded to, it would form the strongest possible argument in the hand of an infidel against the being and perfections of God. It is nothing less than blasphemy to suppose that a duty of universal and perpetual obligation—a duty necessarily arising from our condition as dependent and created beings—should be capable of producing in any individual such deplorable consequences as to require, for their health and safety, its suspension, or its reduction to a mere unmeaning form. Of course, in saying that religion is not capable of producing injurious effects upon the human

mind, I am not now speaking of those kinds of religion which are false and superstitious, and which, as they have not their origin in the wisdom of the Divine Being, are not necessarily free from imperfection. On the contrary, it is not unreasonable to suppose, though we are not possessed of data adequate to prove the point fully, that they must exercise, in one way or another, a most pernicious influence upon the health and vigour of the human intellect. Neither am I speaking of those corruptions of religion which retain a certain amount of vital truth, but are mainly characterised by fanaticism; where ignorance, more or less deep, is made the foundation of devotion, and where the feelings are exalted without the understanding being correspondingly enlightened. These, too, from the constitution of our moral nature, it is extremely probable may, in susceptible minds, give rise to an attack of insanity; but they certainly ought not to be considered in the same rank with real religion, which, without disturbing the proportion that ought to subsist between the various faculties of the mind, gives legitimate scope to the free exercise of all our powers, enlightened by divine truth, and directed and controlled by a sense of the divine presence and the divine favour. When we read in books, as we sometimes do, of cases of insanity which are set down as the result of religion, it will be found, on a careful examination, that either the origin of the cases has been grossly misapprehended, so that religion had nothing whatever to say to the production of the malady, or that what has been called religion was only some of those perversions of the truth which did not

properly deserve the name. In speaking thus strongly, it is pleasant to be able to refer, in confirmation of the statement, to the late Dr. Cheyne, whose extensive practice and varied acquirements render any observation coming from him an authority of the greatest weight. He says, in his "Fifth Essay," p. 144 : — " We firmly believe that the Gospel, received simply, never, since it was first preached, produced a single case of iusanity. The admission that it has such a tendency ought never to have been made to the enemies of the cross. We have grauted that fanaticism and superstition have caused insanity, as well they may ; nay, derangement of the mind may often have been caused by the terrors of the law ; but by the Gospel — by a knowledge of and trust in Jesus — never."*

As the subject is important, it may not be amiss to consider it a little more attentively, and see what are the conclusions which a careful examination of the malady, as it exists in actual life, would lead us to adopt. I believe all the cases which can properly be regarded as examples of religious insanity may be divided into three distinct classes. In the first will be comprehended all those which are marked by a

* Dr. Burrowes, also, in his "Commentaries on Insanity," makes nearly similar statements. He says, p. 29—"Of this truth I am fully persuaded, that the fewest lunatics in all communities will be found among the truly virtuous." And again, in p. 54, after detailing the history of several cases of religious insanity, he adds—"In all these examples, mistaken views or the misapplication of religion, I apprehend, may be recognised as the remote cause of the mental derangement."

false perception on the part of the patient of his identity and actual character ; in the second, those where the patients were remarkable for their decidedly religious character before the invasion of the disease, but were not, in consequence, protected from its attack ; and the third will include all those where religion appears to have been the exciting cause of the malady, or where the outbreak followed shortly after some unusual circumstance connected with religion.

Now, as to the first of these classes, I have met with several examples of it. One gentleman, now many years dead, believed himself to be the Lord Jesus Christ ; a lady, still alive, considers herself to have changed her sex, and to be Immanuel ; a servant, a Roman Catholic, believes herself to be the spiritual wife of a clergyman of her own persuasion, &c. But is there anything in these cases to indicate that religion had anything to do with their production ? It is not an uncommon thing to find a lunatic imagining himself to be the Lord Chancellor, the Emperor of China, the Prime Minister for the time being, or some nobleman with whom he has no connexion. Must we look for a solution of these strange conceits in something connected with the ideas themselves, or are we at liberty to believe that they may be as baseless as they are absurd ? The true solution seems to be that, when the mind gets into a certain excited condition, it is ready to fasten on the first idea that happens to be presented to it, just as wax, when accidentally softened, will retain any chance impression that may be made upon it.

If the thought presented at such a time happens to have a bearing upon religion, it is as readily adopted as any other, but the production of the folly does not depend upon the subject matter of the absurdity, but upon the antecedent condition of the sensorium.*

The second class of cases comprises those individuals who have been remarkable for exalted piety during a certain period of their lives, but who have subsequently become insane. It is supposed that their previous character, differing so widely from what is common among men, must have been to a great extent instrumental in developing the attack; that, if not the sole cause of its occurrence, it must, at least, have created a susceptibility sufficient to facilitate its invasion. But unless this idea is sustained by adequate proof, the assumption is obviously unfounded. To warrant such an inference, it is necessary to establish, beyond the possibility of doubt, that religion was the only circumstance in the history of the case that could have been concerned in the production of

* Dr. Burrowes says upon this subject, p. 24: — "To adduce examples where the maniacal action seems to have originated the religious propensity were acts of supererogation. They are exceedingly numerous. Nothing is indeed more common, where the symptoms are fully unfolded, than to see some hallucination preponderate, connected with perverted views of theology, where no bias of the kind existed while the patient possessed a sane understanding."

Dr. Pritchard says, 219: — "The circumstance that the mind of a lunatic is occupied, during the period of his disease, with ideas and feelings connected with an invisible world, is no proof whatever that the derangement of his understanding was produced, in the first instance, by impressions related to the same subject." — *Treatise on Insanity*, p. 187.

the result ; and, in all the cases I have seen or heard of, no such proposition could be established. Many persons who profess to investigate the causes of disease are contented with a loose and inaccurate method of inquiry, extending no farther than the selection of the first striking feature that arrests their attention, and that seems sufficient to account for its production. But such a course of proceeding is as fallacious as it is unscientific. Instead of this, they ought to ascertain carefully every concomitant circumstance in the history of the case ; and, having made themselves masters of these, they ought next to analyse each of them separately, so as to eliminate what is merely accidental from what is absolutely essential. The latter only can be looked upon as the causes of the complaint. Were this method pursued in reference to insanity, as it undoubtedly should be, it would be found that religion, whatever force it may possess in warding off the attack, has nothing whatever to say to its development. It is not to be expected, however, that it will in all cases prevent the occurrence of the disease. Where there exists a strongly-marked hereditary tendency, it will often develop itself in opposition to all the precautions that may be taken to prevent it ; and this will be more likely to occur where the patient happens to be exposed to severe trials, such as pecuniary embarrassments, domestic annoyances, family bereavements, &c. Were religion in any case to be productive of injury to the human mind, we should expect that the inconveniences to which it leads would manifest themselves very shortly after its importance and reality had begun to force themselves

upon the attention of the individual. In other words, it should be an exciting cause, and not a remote one ; because then the sublime truths of which it treats would have all the novelty of freshness to give them vividness and force : whereas, after a time, they would lose much of this impressiveness from the familiarity that is the necessary consequence of continued habit. Now, in the cases to which we are referring, the individuals are supposed to have been a long time under the influence of religion before the symptoms of derangement manifest themselves ; and, therefore, no reason can be imagined to account for the production of these symptoms beyond some adventitious cause entirely unconnected with the peculiar views of the patients. So far as I have had an opportunity of observing, such causes could always be discovered when attentively sought for. Hereditary predisposition seems to be the chief element in their production. The following cases may be mentioned as illustrative examples :—

The Rev. H. M. was originally an officer in the British army. In the reduction of the forces subsequent to the termination of the Continental war, he, along with many others, was discharged. Under the influence of religious feelings, he selected the sacred ministry as his new profession, resumed his studies in college, and in due time became a clergyman of the Established Church. He proved himself an active and devoted minister in the parish to which he was appointed, gaining the affections of his people, and apparently enjoying as much earthly happiness in his vocation as it was possible to imagine. Soon his

career of usefulness was arrested, without any obvious cause beyond the labours of his duty, by the invasion of insanity. He became silent, abstracted, and melancholy. From being a man of extreme activity of mind and body, he became lethargic. He exhibited the greatest aversion to hear the Scriptures read, or to be present at any religious service, and his affections were completely alienated from his wife and family. Now, how is this case to be regarded? Is it an instance of insanity produced by a too close devotion to the service of religion, as distinguished from a similar amount of bodily and mental exertion in any other employment? or did it owe its origin to the protracted contemplation of those mysterious doctrines which constitute the essence of revelation? Not at all; the gentleman inherited a strong predisposition to the complaint, and this, acted on by late hours, protracted study, and an amount of mental exertion to which he was not accustomed, and for which he was not prepared, was the sole cause of his illness. Had the same strain been produced by any other forces, a similar result would almost certainly have followed. Mrs. — was a lady who had been religiously brought up, and who, in the quiet of her family, had always manifested the power of religious principle by the simplicity and consistency of her conduct, yet she had two attacks of the disease, both of which might be considered instances of religious insanity, because they were marked by an idea that she had been guilty of a great crime, and by a desire to be punished as she deserved; but on neither occasion could the outbreak properly be referred to the influ-

ence of religion. Reverses of fortune occurring at a period when the country was suffering from a commercial crisis, and the loss of a beloved relative, were the probable reasons of their coming on. I believe in her case also there existed some constitutional tendency to the disease.

Mrs. — was a member of a family, more than one individual of which had suffered from the complaint, yet she had lived in the enjoyment of sound health, giving decided evidences of unaffected piety, till nursing her fifth or sixth child, when the symptoms of derangement set in, caused by the exhaustion produced by protracted lactation at a time when her own strength was not adequate to bear the drain upon her system.

I could mention other instances, were it necessary, to show that insanity, when it breaks out in a person who has been for years under the influence of genuine religion, is the result either of changes in the general health, of accidental injuries, or of a strong hereditary taint.

The third class comprises those cases where the symptoms of derangement declare themselves shortly after the person's mind has been directed strongly to the subject of religion by an exciting sermon, or some other circumstance calculated to make a strong impression upon the mind. If any cases could be attributed, with propriety, to the influence of religion, it would be these; but it will be found that even here the real cause of the occurrence is to be sought for in some other circumstance than that which at first strikes the attention. Either the impression that has

been made was an injudicious appeal to the fears or feelings of the individual, inconsistent with the sober dictates of revealed truth, or the mind of the individual was not in a healthy state at the time. A young gentleman, of family and fortune, had completed his education at one of the universities about the period when the late Edward Irving was creating such a sensation by his exhibition of the unknown tongues. By some means or other this young gentleman was involved in the vortex of religious frenzy; under the dictate of what he considered inspiration, he went out to preach in the streets of London; but after the first or second time he abandoned the design. Conscience-struck for having, as he thought, resisted the Holy Ghost, he was immediately overwhelmed with all the agony of remorse—a state of despondency succeeded, which lasted for about two years, during which he neither would look at a religious book nor frequent a place of worship. A case of this kind will surely not be set down as an instance of insanity resulting from real religion.

In many cases, however, I believe that the true cause is to be found in certain irregularities of conduct into which such persons have been betrayed, either before their mind has been brought into contact with religious sentiments or immediately afterwards. There are diseases which contaminate the system, and these can affect the sensorium as well as other parts of the organisation. If the traces of the poison can be detected in the bones after death, is it any wonder that so delicate a structure as the brain may be permanently injured by its influence? I have little doubt

that where hereditary tendencies do not exist to account for the religious depression that occurs in these cases, it may almost always be traced to some such cause as that alluded to. Dr. Cheyne mentions a case which confirms this statement — “*Essays*,” p. 140. It was that of a young man of family who became monomaniacal. On inquiring into his history, he found he had been infected with the Row heresy, and that fanaticism had degenerated into insanity. Here, then, he says, there appeared at first sight a sufficient cause to account for the young man’s illness, but a more careful investigation proved, that however plausible this appeared, it was not the real cause, but a wounded conscience arising from irregularities into which he had been betrayed by some companions he had fallen in with. And he concludes by saying, “We would, therefore say, with reference even to fanatics, let every man bear his own burden.”

When we consider the sublimity of those doctrines which constitute the subject-matter of religion, and which task the utmost powers of the human mind in the vain effort to comprehend their entire extent ; and when we consider their personal bearing upon each individual, and the momentous consequences to which they lead, it does not appear an unreasonable thing to suppose that they would so rivet the attention as to destroy the reasoning faculties by the very intensity of the application ; just as we know that some men have been blinded by the brilliancy of lightning. It certainly never was intended by the Author of our being that our thoughts should be uninterruptedly directed to one subject for any length of time, and re-

religious topics form no exception to the rule. Even true religion in this respect may be said to be not without its dangers. If men were to fasten their thoughts upon the mysteries of revelation, and endeavour to prevent their being diverted to any other subject till they had exhausted their depth, it is certain that they would become distracted—just as men have become insane by attempting to discover a mechanism to prove perpetual motion, or any other impossible problem. But, then, religion itself furnishes a safeguard against any such abuse, by showing that we have duties of a practical nature to attend to, quite inconsistent with any such state of intense and bewildering contemplation; and the man who professes to be influenced by religious principles, and yet neglects one of its plainest requirements, must either be a hypocrite or a fool.

There can be no question that real religion, thoroughly felt, understood, and acted on, affords the best safeguard against the attacks of insanity. How is this? It teaches the individual to exercise a diligent self-control on all the powers and faculties of the mind. It subdues the temper, softens the affections, moderates the desires, and leads him to look with a certain degree of indifference upon the events of the present life. The consciousness of the omnipresence of the Deity regulates all his actions, and the consciousness of His providential care reconciles him to all the disappointments he meets with. Can anything be imagined more calculated to guard against the inroad of disease than such a state of calm contentedness? It is the impetuosity of our feelings

that most generally gives rise to derangement. The ebb as well as the flow of the tide of passion is full of danger. Where these do not occur, or where they are kept within proper bounds, there is little ground for apprehension. The equanimity of temper that is produced by a well-regulated mind is really of the greatest use ; and no means ought to be spared in the education of young persons to secure for them this inestimable blessing. There is, however, one other way in which the existence of religious principles is productive of advantage, and that is, by teaching men the sinfulness of idleness, and by stirring them up to habits of constant activity. I believe that many cases of insanity can be traced to this source ; not, perhaps, merely by causing the intellectual powers to become wasted or corroded, but by leading to other evils which have a more admitted influence in the production of the disease. One thing is certain, and that is, that nothing is more powerful in the cure of the complaint than active employment, such as arrests the attention, and produces a certain amount of intellectual exhaustion ; and wherever a patient is found capable of engaging in such an occupation, no one need despair of seeing him perfectly restored ; but so long as he remains listless, notwithstanding the best directed efforts to interest his mind, there is great reason to fear for his recovery. Now, if this is a matter of so much consequence in the treatment of the disease after it has developed itself, can there be the slightest doubt that if recognised at an earlier period, and resorted to, it might have prevented the catastrophe altogether ?

Little do those persons think of the injury they are inflicting upon their children when they are bringing them up with notions that they are above employment, and that, as they are placed in independent circumstances, they have nothing to do but to amuse themselves. Such a condition can never satisfy the craving of the human mind ; our higher appetite wants solid rational employment ; and as well might we expect to find the digestive system in a healthy state, if the only food taken were sweetmeats, as to find the mind vigorous, contented, and happy, when it has nothing to do but to enjoy itself. Of course, in saying that occupation is necessary to the well-being of man, I do not mean to say that it must necessarily partake of a manual character ; but what it must be is something that is suited to the taste of the individual, that creates an interest in his mind, and that has the quality of usefulness about it. If men were duly impressed with the importance of this truth, I am persuaded that they would take more pains to act upon the suggestion, and that they would find their own happiness greatly promoted. Nor let it be said that there is any want of suitable pursuits for such persons to engage in. As long as the world remains what it is, abundant opportunities will exist for philanthropic usefulness ; and while personal exertion will undoubtedly answer best the purposes here suggested, yet even the mere superintendence of other agents in any good work, when the individual feels himself not expressly adapted for a more active duty, will not be without its use.

The only other observation I think it necessary to

make in this chapter is in reference to certain calculations which have been introduced into books to determine the influence which one sect of religion has in developing insanity, compared with another. The subject is interesting, and, were it capable of being properly investigated, would not be without its use. But at present we have no adequate means of determining the point, and statistical inferences, when drawn from sources unworthy of credit, are worse than useless. Before any such question can be settled, we must have authentic accounts of all the numbers of insane in different countries where these sects prevail. We must then ascertain whether the populations compared differ much in rank, education, manner of life, personal comfort, &c. We must then find how far they may be affected by race, by the physical condition of the country in which they live, and by every other adventitious circumstance. And when we have settled all these points, so as to be satisfied that the subjects of the calculations are as nearly as possible alike in everything except religious practices and opinions, we may fairly draw the conclusion that the different degrees in which insanity prevails in them is attributable to the differences subsisting in their religious habits. It is scarcely necessary to say that no materials now in existence enable us to make a calculation of this kind that can command the confidence of the scientific world.

CHAPTER IX.

OF THE MANAGEMENT OF THE INSANE.

It is not my intention, in the present chapter, to discuss the treatment of the insane in a medical point of view, or the management which is proper to be pursued towards them by those who may happen to have charge of them professionally, but simply to point out what appear to me to be prevalent errors in the public mind in reference to the course that ought to be pursued towards them by unprofessional persons. Every man, whatever may be his pursuits or station in life, is liable, on an emergency, to be called upon to interfere occasionally in cases of insanity; and it is a circumstance of the greatest moment, both to his own subsequent comfort and to the interest of the patient, that at such a time he should be preserved from falling into the common mistakes that are abroad on this subject. It concerns his own subsequent comfort; because it is a well-known fact that persons who have been compelled by a sense of duty to undertake the unpleasant task of providing for the safety of an unfortunate lunatic, have thereby incurred the lasting displeasure of the friend they have thus attempted to serve, and even have paid the penalty of life itself under the sudden impulse of his awakened vengeance. Now, it becomes a matter of very serious consider-

ation whether there may not be something in the usual manner of dealing with these cases which is calculated to give rise to unpleasant feelings, which may be avoided by a more enlightened course of proceeding, without interfering in the slightest degree with the steps which are necessary to be taken for his proper care.

One of the commonest mistakes that prevail in reference to this part of our subject is the idea that dissimulation or falsehood is necessary and allowable in the management of the insane. In removing the lunatic at first to an asylum, in separating him from the society of his friends, in endeavouring to get him to take whatever medicine is ordered for him, and in a thousand other things that it is necessary for him to do, it appears, at first sight, a much easier and a less troublesome course to practise a certain amount of deception than to tell him plainly what is wanted to be done, and to overcome the necessary opposition that such a distinct statement is certain to produce. But the advantage, even if the immediate purpose of the trick should be successful, is only temporary, and is certain to be followed by a terrible and permanent retribution. It is evidently impossible for a deception of this kind to remain undiscovered ; in due time it must, from the very nature of things, be detected ; and as soon as this is the case, the confidence of the patient in his friends is completely destroyed. When this has occurred, when the confidence of a patient is once lost, it is almost impossible ever afterwards to recover it, and the relation that results between the parties becomes permanently unpleasant. But it is

very seldom that even a momentary advantage results from a departure from truth, because nothing is more difficult to carry out plausibly, when a patient retains any degree of intellectual capacity, than a course of deception. One falsehood leads on to another, and then so many explanations have to be given, and so many reasons for everything to be assigned, that a man must be lost to all sense of shame, and at the same time be furnished with a most ready ingenuity, to be able to meet all the objections, and to fence all the difficulties that will be started, in a manner to escape detection; and lunatics, however deficient they may be in some things, have often quickness enough to discover the least variation or inconsistency in what is told them. In this respect they resemble children, who though they may not be able to reason as well as grown-up persons, have yet extreme discrimination in detecting character, and in judging of the truth or falsehood of the representations made to them.

It ought, I am persuaded, not only on the immutable principles of right and wrong, but from actual observation in a large number of instances, to be laid down as a fixed rule, never to mislead a lunatic by false representations or by flattering promises which the person making them has no intention of performing. A simple straightforward course, uniformly followed, directed at the same time by sound judgment, will almost certainly secure the confidence of the patient, and get him to do with comparatively little trouble what, under a different system, no amount of persuasion would succeed in effecting.

But perhaps it may be asked what is to be done

with a patient on the very outbreak of his malady, before he has himself the remotest suspicion of his illness, and consequently before he is aware of the necessity for the adoption of any measures for his proper treatment? Is he to be openly told of the opinion that his friends have begun to entertain of his condition, and of their intention to place him under restraint? and if not, how is such an object to be secured without some degree of dissimulation? A case of this kind obviously requires great nicety in its management. To make an unguarded announcement to anyone that he is out of his senses, and requires to be confined, is almost certain to defeat itself, by inducing the individual to escape from the care of his friends before their arrangements are completed for his safe custody, or else to bring on a paroxysm of violence in which much injury may be perpetrated on himself or others. The proper course, as I conceive, to be pursued is this: after the patient has been visited by one or more medical men, competent to form an opinion of his malady, and such a step as his removal to an asylum has been decided on, for some friend, having first secured the assistance of a sufficient number of skilled attendants to guard against contingent accidents, to tell him, in the plainest and kindest manner, that his conduct of late has been the subject of anxious consideration to his friends, and that, acting under medical advice, it has been determined to place him in a situation where the treatment necessary for his restoration to health can be properly pursued, and where nothing shall be done to him but what is consistent with perfect kindness and with his

own best interests. Such an announcement as this is sure to be followed with a certain degree of excitement, and it is scarcely necessary to remark that no person who is not endowed with sufficient firmness, judgment, and self-possession, ought ever to undertake the unpleasant and trying duty ; but much of the unpleasantness will be obviated by a plain statement that the person preferred adopting this course to effecting the object by stratagem, and that while regard to the patient's own interests required something to be done for his benefit, yet his friends were resolved that he should never have to complain of anything having been done to him in an underhand manner. The display, if occasion should arise for it, of the attendants in reserve will almost always prevent any outbreak of violence ; but should this not be the case, the worst that can happen will be to accomplish by main force what must be done at any rate, with this great additional advantage, that the feeling of hostility which is sure to be produced when deception has been resorted to, is not created, and thus what is often a great barrier to the patient's recovery is from the first removed, and a source of much subsequent bitterness effectually guarded against.

In discussing such a point as this with the patient himself—the necessity of his removal from home at the time when the step is about to be taken—I think it important to observe that the subject ought never to be alluded to till the minds of all parties are fully made up as to its *absolute* necessity. If the patient can be treated at home, and is willing to submit to the requisite remedies, he will, of course, be more

easily dealt with, and the supposed necessity of resorting to deception will obviously not arise ; but when the medical attendants and friends have arrived at the conclusion that no other course is open for the proper management of the case than removal from home, I am satisfied that it is altogether a mistake to spend much time in attempting to persuade the patient to do that voluntarily which must be done at all events, and which every man must feel a natural repugnance to submit to. Some time, of course, ought to be allowed to let the unfortunate man fully realise the condition in which he is placed, and to leave room for his agreeing to resign himself to his fate without the struggles and the exposure that opposition is sure to entail. With a large proportion of the insane, firmness combined with gentleness will accomplish all that is necessary. But when this is not the case—when the more the patient is urged to compliance, the more unwilling he becomes, it appears to me to be much safer and much kinder to resort to physical force, than to prolong the parley indefinitely. The reason I have for saying this is, that such a conversation must produce a degree of excitement in the patient's mind of a most injurious character, and the longer it is continued the more detrimental it must prove ; whereas, when the measure is accomplished, the excitement very generally, and often very speedily, subsides, and patients have been known to sleep soundly on being removed to an asylum, who had not done so for days or weeks previously. In this respect the attempt to prevail on patients to acquiesce in their removal is precisely similar to the attempt to induce children to

take a dose of medicine. Hours are sometimes lost in trying to coax or to bribe them to do what a few minutes of firm determination would have accomplished with infinitely less vexation to the child and annoyance to the nurse. Many a child has been deeply injured by the violent mental excitement occasioned by injudicious attempts on the part of those about them to induce them to take the commonest medicine ; and the more they are talked to the more their temper is tried, and the more difficult is it to succeed. For the same reason, in dealing with lunatics, the less they are argued with the better ; and the shorter time that is spent in getting a disagreeable remedy into operation, the greater reason will they have for being obliged to you afterwards.

I have already said, that in laying down the general principle that nothing should induce anyone concerned in the management of the insane to depart in the slightest degree from strict truth, I have been guided not only by the general principles of morality in the abstract, but also by observation of the extremely unpleasant consequences that result from pursuing an opposite course. I have known a few cases of a very painful nature, which owed all their unpleasantness to neglect on the part of their friends of the rule I have just laid down. No explanation at an after period could remove the impression that was created in the patients' mind by the deception that had been practised towards them, and they ever afterwards regarded the individuals who had been guilty of it with suspicion and dislike. I may add that the instances which have fallen under my observation where these

unpleasant consequences have occurred, have been comparatively few, because I have never failed, whenever an opportunity offered, to impress my own views on this subject upon the friends of patients who happened at the time to be making arrangements for their removal to an asylum; and whenever the advice thus given has been followed, it has been attended with all the advantages I anticipated.

There is another reason for pursuing this straightforward system, which it is necessary to advert to before passing to another subject, and that is, that it will certainly discountenance the idea that is otherwise likely, in many cases, to take possession of the patient's mind, viz., that he is the victim of a secret conspiracy and persecution. A large number of cases of insanity are affected in this manner, especially among that class which retain sufficient intelligence to render it a matter of nicety to deal with them judiciously; and it becomes a matter of considerable importance to guard against anything which may possibly confirm them in their delusion; and nothing, perhaps, is more likely to have such an effect than finding themselves suddenly, and by stratagem, carried off to a place of confinement, while they are kept in ignorance of the authority which thus restrains them, and of the object for which they are confined.

I have selected the circumstance of the attempt to remove a patient from his home, as an illustration of a principle which I conceive ought to be universally acted on, both because it is one of the commonest that can occur to an unprofessional person, and also because it is surrounded with much greater

difficulties than are likely to arise under other circumstances; and consequently, if it is applicable and useful in such a case, no excuse can be alleged for departure from strict truth under any circumstances.

A similar rule should be laid down in reference to the administration of medicine to the insane, although the remark is more immediately suited to professional readers—namely, that except under very special circumstances, it ought to be given openly and without disguise. The rule is not universal, for this reason, that there is no positive departure from truth in resorting to expedients to get medicine swallowed, which the patient would not otherwise be prevailed on to take, and which is necessary for his proper treatment; but it is all but universal, because patients are extremely apt to imagine that their food is poisoned, and should they by any chance detect the attempt, or make inquiries which cannot satisfactorily be answered, nothing afterwards will remove the impression.

Before dismissing this subject, perhaps it may not be out of place to state my conviction, that it will be found a matter of great advantage in the after-treatment of a patient removed to an asylum, that the gentleman who is to undertake the responsible duty of treating him professionally should not have been in any way instrumental in effecting his removal, either by sending his own *employés*, or by visiting him previously, for the purpose of satisfying his own mind as to the necessity of resorting to such a step. Experience has amply demonstrated that great advantage is gained in the management of these cases, when the patient is placed among total strangers, and especially

when he has not previously been acquainted with the physician under whose care he is placed.* Little things have often great weight in determining results, and nothing is more calculated to gain the confidence of a patient than the conviction that the medical man to whose care he is entrusted was in no way instrumental in effecting his confinement, but that his removal was entirely the result of independent physicians, consulted on the occasion, and who have no pecuniary interest in his incarceration. Hence, if a necessity arise for employing extra attendants, in effecting the removal of a patient from home, it ought always to be made a rule that no regular keepers from the asylum in which he is to be placed should be selected for the purpose, but judicious strangers skilled in the management of such cases ought to be sought for instead.

A second error that is very common, in reference to the management of the insane, is, that it is necessary to inspire them with terror, and especially that a certain look of authority is requisite to control them into subjection. Such an idea is entirely the result of a mistaken impression as to the nature of the malady under which the insane are labouring, and, it is needless to add, is not borne out in practice. What is really required on the part of those who have the charge of such patients, is the look of firmness, united

* Dr. Willis relates that foreigners, brought from the Continent to be placed under his care, were much sooner cured than English patients; and Esquirol makes the same remark of Frenchmen brought to his establishment from the provinces, as compared with the inhabitants of Paris, both of which observations are to be explained by the impression which coming in contact with a stranger is calculated to produce.

with gentleness. There must be authority, but it is not the authority that inspires *fear*, but the authority that commands confidence.* Such an opinion as that I am now combating is quite intelligible on the hypothesis that insanity is a kind of supernatural possession, and that the evil spirit in the unfortunate victim is to be subdued by a high degree of moral force ; but it is quite inconsistent with the notion that the person is labouring under a peculiar but corporeal malady. And every day's experience among enlightened and humane physicians is confirming the idea that the old system of trying to tame the infuriated maniac into submission by the exercise of brute force is both unscientific and ineffectual.

Another error, kindred to the last, is the idea that various kinds of punishment are necessary in the management of the insane. Many persons are in the habit of considering that the proper treatment to be pursued towards them is a kind of moral discipline, for the correction of perverted or erroneous habits, and that delusions are to be forced out of them by the mere exercise of superior power, much in the same way in which a judicious schoolmaster will succeed in overcoming the caprices, bad temper, and false views

* This is well expressed by Pinel, in his work on Insanity. "Que d'analogie entre l'art de diriger les aliénés et celui d'élever les jeunes gens ! C'est une grande fermeté que l'un et l'autre exigent, et non des manières dures et repoussantes ; c'est une condescendance raisonnée et affectueuse, et non une complaisance molle et asservie à tous les caprices. Par quelle fatalité ce que la raison prescrit devient-il si rare qu'on peut même le regarder comme un prodige ?"—Second Edition, p. 20.

of his scholars, by a steady administration of proper chastisements. Such persons look upon the confinement and the various medical appliances, the shower-bath, blistering the head, &c., which are resorted to for the cure of the patient, as only so many forms of punishment for the correction of the individual, which they suppose are called into requisition whenever he is guilty of any fresh impropriety of conduct.* I once knew an instance which occurred some years ago, where a certain official, high in authority, visiting a private asylum, the proprietor of which was a medical man, on observing a patient whose head had been shaved and blistered, asked by whose authority such a measure had been resorted to, and on being informed that it had been done by the direction of the proprietor, he further inquired had there been a consultation held before it had been resorted to, and on being answered in the negative, he gave orders—which it is scarcely necessary to add have not been attended to—that such a step should never again be taken without a consultation being first held as to its necessity. Now, such a rule as this would be intelligible enough were medical men in the habit of blistering the heads

* Pinel says, p. 202 :—" Les aliénés, loin d'être des coupables qu'il faut punir, sont des malades dont l'état pénible mérite tous les égards dus à l'humanité souffrante, et dont on doit rechercher par les moyens les plus simples à rétablir la raison égarée." It is true that, in the details of his cases, he appears sometimes to depart from this rule, but then it must be remembered that the rational principles of treatment which are now in force, and which certainly owe their origin to Pinel's enlightened efforts, were only then in their infancy.

of their patients as a punishment, as a consultation would be some check upon the indulgence of their vindictive feelings ; but it becomes palpably absurd when a correct view is taken of the nature of the measure.

Two circumstances, more than anything else, have probably tended, to a certain extent, to produce this idea in the public mind as to the propriety of resorting to punishments within the walls of lunatic asylums as a part of the proper treatment of the inmates ; and these are, first, the frequent use of the phrase “moral treatment of the insane” by parties who have no very distinct idea of what is comprehended under the expression ; and, secondly, the fact that ignorant subordinate attendants, to whose charge most of the inmates of our large asylums were at one period almost exclusively left, were in the habit of acting upon the very principle that punishment was necessary to secure some degree of order and tranquillity among the unmanageable crew they had to deal with. In the exercise of their arbitrary authority they were accustomed, on the slightest provocation, to place the patient in restraint, and to exercise a degree of control that ought never to be delegated from intelligent and responsible superior officers. But whatever may have led to the idea, there can be no question that it is essentially founded in error, and that no system of management can hope to be successful which is based upon the foundation of coercion by punishment. It is a curious but interesting fact, that, since the almost universal abolition of personal restraint in our large lunatic asylums, the tranquillity, order, and freedom

from accidents of these establishments have become much greater than they used to be under the old system ; and this improvement has borne an obvious and steady proportion to the degree in which corporeal restraints have been done away with. Does it not appear a strange inconsistency on the part of an intelligent community, to consider that a lunatic guilty of the most flagrant crimes is absolved from punishment on the ground of his malady, and yet to infer that the same person, when in an asylum, breaking the glass of his window, the furniture of his room, or being guilty of some other act of violence, is to be brought to reason by the infliction of some proportionate punishment ? No ; whatever difference of opinion may exist as to the abstract question of how far a criminal lunatic is to be held irresponsible in the eye of the law for his acts when in the enjoyment of perfect liberty, no question ought to arise for a moment as to the view to be taken of his mischievous conduct when placed in confinement. The very circumstance of his being placed in such a situation implies that there is a necessity for his being made the subject of treatment ; but the treatment ought to be such as not to include the idea of punishment. If in a paroxysm of his frenzy he commits acts of desperate violence to himself or others, proper measures ought to be resorted to with a view to the *protection* of those who are in danger, not with a view to the *punishment* of the offender ; and, in the same way, if it be necessary to resort to expedients to reduce the excitement under which he labours, they ought evidently to be employed as *remedies*, and not as revenge. No

galling word should be allowed to escape the attendants when administering the shower-bath—no angry threat of more painful processes in reserve when fastening on a blister; no person, in fact, is qualified to fill the responsible position of attendant upon a lunatic who is not perfect master of his tongue and of his temper—who will not take a blow without retaliation, and who cannot bear to receive the worst usage without murmur or complaint.

There is one other evil to which it is necessary for me to advert, because I have known instances in which well-meaning but inexperienced persons have fallen into it: and that is, attempting to restore a lunatic to reason by arguing with him on the folly of his delusions. The general, as well as the safe rule, to be observed is, rather to avoid those topics of conversation on which the patient's mind is astray, than to keep them perpetually before his attention by efforts to convince him of their absurdity. What the mind wants especially, as an essential element towards its recovery, is repose; and nothing is more calculated to interfere with its obtaining this, its prime want, than the very course we are now referring to. I do not mean to say that this rule is of universal and of unvarying application, or that no cases* can

* Dr. Goode relates an instance which shows the advantage occasionally to be derived from a judicious application of this principle:—A lady, attacked with insanity after her confinement, was taken to the country and kept there for several weeks, during which time she imagined she had committed many crimes, for which she was about to be executed in an ignominious manner, and that she had occasioned the death of her children and hus-

arise in which it may not be prudent, calmly and without reserve, to endeavour to expose the fallacies that have taken possession of the disordered intellect; on the contrary, there is probably a period in the history of every case when this course can be pursued with considerable advantage, but certainly not by any means in the earlier stages of its development. It is only in the advanced periods, when all evidence of cerebral excitement has passed away, that it can be resorted to with advantage, and even then it requires much tact and judgment to be beneficially employed.

It is scarcely necessary for me, I presume, to say that nothing should induce any person of the least proper feeling to treat with levity or ridicule the failings, eccentricities, or even grosser departures from sound reason, that this unfortunate class of patients habitually manifest. Looking upon their affliction as a mysterious providential dispensation, which it undoubtedly is, to which every descendant of Adam is equally liable, the sight of their misfortune ought to move the spectators to pity for the sufferings they witness, and to gratitude for their own exemption.

band, whose ghost haunted her. Becoming dissatisfied with the continuance of her malady for such a length of time, her husband, in opposition to the remonstrances of her physician, paid her a visit, and, by judicious conversation about her children, nursery, and private affairs, succeeded in dissipating her delusions, and effecting her sudden and complete recovery.

CHAPTER X.

ON THE CURABILITY OF INSANITY.

WERE the question—“Is insanity a curable complaint?” to be asked publicly in any ordinary assembly of educated persons, no one, I believe, would be found, in the present day, to stand up and maintain that it is not; yet I cannot help thinking that while the curability of the disorder is thus theoretically admitted, the very opposite opinion exercises a practical and an injurious influence upon the public mind. What most persons seem to believe is, that in a few rare instances, where the patient enjoys a vigorous constitution, and is placed in favourable circumstances, such a thing as recovery may possibly take place, but that any large proportion of cases are ever perfectly restored to reason is more than they can bring themselves to believe. Even when recovery does take place, all that they understand by the term as applied to convalescents from mental derangement, is such an amendment in the patient’s general condition as admits of his resuming his position in society, and discharging, in a sort of a way, the duties to which he had previously been accustomed. But even in these cases they discredit the idea that the mind ever regains its original vigour after the symptoms of insanity have once unmistakably manifested themselves. Underneath the appearance

of perfectly restored mental health they consider that there will always remain some deep-seated traces of the deceitful malady they have suffered from, which are ready to betray themselves unexpectedly at any moment, and which may be recognised in their peculiar opinions, their eccentric habits, their weak judgment, or their uncertain temper. The result of this impression is, that a large number of persons think themselves perfectly justified in regarding everyone who has once had the misfortune to be thus affected with a certain degree of distrust, which is too often so imperfectly concealed as to be apparent to the individual who is the object of it.

A few months ago a young gentleman of this city brought an action against his guardian for false imprisonment, he having been placed in confinement on the alleged ground of insanity. At the trial he was, as a matter of course, examined, and the manner in which he gave his evidence, coupled with the clear intelligent answers he returned to every question that was asked him, left the impression upon the minds of the public, not only that he was not insane at the moment of the trial, but that he never could have been so. I mention the case simply as an illustration of the position I have been laying down, that men are apt, from the total absence of the symptoms of insanity at one time, to draw the startling and unwarrantable conclusion, that they never could have existed previously. To justify such an inference in any case, it is absolutely necessary to prove that such a thing as a really perfect cure of the malady cannot occur. If it can, the whole reasoning falls to the ground, so

that it is quite possible for a patient to be unmistakably out of his mind at one period of his history, and twelve months afterwards to be so perfectly restored as to defy the strictest scrutiny to detect the least trace of his former illness.

It is a point of the greatest practical importance that the public should thoroughly understand that there is nothing in the nature of insanity differing from other diseases to which the human frame is liable, to prevent the most perfect recovery taking place when proper measures are resorted to sufficiently early. The experience of every physician who has had any extent of intercourse with patients of this class, will furnish him with numerous instances in which recovery has taken place, not only to such an extent as to enable the individual to resume his social position for a time, but also to prove that, as far as it was possible to ascertain, it was absolutely perfect and permanent. This is a truth which requires to be known both that it may give consolation to the afflicted, and that it may stir up the parties immediately concerned to leave no means unattempted to bring about so desirable a result. For it may be asked, what inducement can anyone feel to attempt the recovery of a friend who happens to have lost his reason, if he believes that the issue of such an effort will be extremely uncertain, and no more than imperfect at the best? But let him be persuaded that his perfect restoration to the full enjoyment of all his faculties is within reach, and he will consider no sacrifice too great to secure so invaluable a blessing.

It would be easy to establish the truth of the cura-

bility of insanity by a reference to the recorded opinions of medical writers, sufficient both in number and in reputation to convince the most sceptical of the community; but the simpler and the most satisfactory course, as it appears to me, will be to present a few of the authentic returns which have been published by some of our lunatic asylums, because they will not only set the matter at rest, but also furnish the reader with some idea as to the extent to which the disease, in the present day, is amenable to medical treatment. And here the only difficulty to be encountered arises from the mass of available materials. Almost any of the ordinary reports of these institutions is sufficient for the purpose. I can obviously only select a few examples as an illustration of the entire:—

Richmond Lunatic Asylum, Dublin. Return for five years ending Dec., 1837.

	Males.	Females.	Total.
Admitted within that period	331	277	608
Dismissed recovered ...	150	116	266
“ relieved ...	29	44	73
“ unrelieved ...	10	3	13
Died ...	57	31	88
Remaining in house ...	85	83	168

Dr. Mollan's "Statistical Report," *Dub. Med. Jour.*, vol. xiii. p. 375.

In reference to this table, it must be remarked that the above number of 266 returned as cured, does not adequately represent the entire relative proportion, because fully one-half of the 73 discharged relieved were subsequently ascertained to have been permanently restored to health, though only partially

so at the time of their leaving the institution; such a change being often the most effective means of perfecting the amendment that previous residence in the asylum had brought about, and because a considerable number of the 168 remaining at the date of making up the return had been too short a time under medical care to have derived much advantage from the treatment. Many of the cases admitted, also, must from the first have been complicated with various concurrent affections, which rendered their ultimate recovery almost hopeless.

District Lunatic Asylums, Ireland.

		1850.		1851.	
		Males.	Fem.	Males.	Fem.
In asylums at commencement of year	}	1314	1258	1302	1259
Admitted in the year	...	451	431	443	457
Discharged cured	...	227	211	206	228
“ improved	...	36	56	41	61
“ not cured	...	17	10	35	21
“ incurable	...	22	21	18	29
Died	...	161	139	144	94
Remaining in asylums at close of year	}	1302	1259	1301	1283

Fifth General Report of the Inspectors, 1851.

Dr. Duncan, sen.'s, Private Asylum, Farnham House.—Return of the Admissions and Discharges for ten years ending January 1, 1853.

			Males.	Fem.	Total.
Admitted	...	...	78	46	124
Discharged cured	...	...	41	23	64
“ almost cured	...	...	5	3	8
“ relieved	...	...	11	8	19
“ not relieved	...	...	7	4	11
Died	...	...	4	2	6
Remaining in Asylum	...	...	9	7	16

In referenee to this table, as well as to that drawn up by Dr. Mollan, it is necessary to remark that it

does not include any notice of the patients admitted previous to the date of the commencement of the inquiry who remained in the establishment concurrently with those whose cases are embodied in the return, because to have enumerated them would have only interfered with the view which it is the writer's wish to present to the reader. It is to be taken subject to the same observations which have already been made relative to the similar table from the Richmond Asylum, to which ought further to be added that, as both tables contain *all* the admissions, without reference to their condition at the time of reception, some of which were chronic cases transferred from other asylums,* and others, for various reasons, justly considered incurable,† it does not with any degree of fairness adequately represent the probable result of treatment as applied to a similar number of recent cases. Still it does give a very favourable idea of the power of medicine, when judiciously applied, for the relief of this complaint.

It is quite true, as may be seen from these tables, that the proportion of recoveries in insanity is not by any means so great as that which prevails in other acute diseases, but two very sufficient reasons can be given to account for the difference: first, the fact that the proper treatment is not generally resorted to as soon in insanity as it is in other diseases, and second, the circumstance that the nature of the brain renders any imperfection in the performance of its functions more serious than a similar amount of derangement in other organs.

* Four cases were thus transferred, one female and three males.

† One was epileptic, one imbecile from childhood, and several others had been repeatedly insane or otherwise organically diseased.

No point is more clearly established in the history of insanity than this, that the facility of cure and the proportion of recoveries bear a direct ratio to the shortness of time that has elapsed from the origin of the complaint to the commencement of the treatment. If the interval be brief, the probability of cure is great; if protracted, it is, on the contrary, extremely uncertain. Let us establish this proposition by a few statistical proofs:—

Frankford Asylum, Pennsylvania.

Duration of Illness previous to Admission.	Number admitted.	Recovered.	Much Improved.	Improved.	Not Improved.	Remaining.	Died.
Less than one year ...	261	152	26	27	18	4	34
From one to two years ...	57	18	8	8	9	7	7
„ two to three years ...	36	17	3	3	4	5	4
„ three to five years...	45	14	7	6	9	3	6
„ five to ten years ...	47	13	7	3	8	11	5
Over ten years ...	61	0	7	5	22	13	14

—*British and Foreign Med. Review*, No. VIII. p. 485.

Average Proportion of Recoveries at the Retreat, near York, from 1796 to 1847.

	Males.	Females.	Mean.
First attack; admitted within three months of commencement of illness ...	78·57	76·27	77·39
First attack; admitted after three months had elapsed, but before twelve months	48·14	43·13	45·71
Not first attack; admitted within twelve months after commencement ...	58·33	65·43	62·41
Not first attack; more than twelve months ill at time of admission ...	14·28	22·30	18·49

—*Psychol. Journal*, vol. i. p. 405.

As it is an extremely difficult thing to ascertain exactly the precise period at which the patient's illness commenced, so as to calculate the length of time which has elapsed previous to his being placed in an asylum, few of the published reports furnish us with tables similar to the foregoing. Instead of this, some institutions furnish us with tables of the length of time patients have resided in the asylum previous to their discharge, which enables us to form a pretty accurate idea of the efficacy of treatment. I shall just refer to one or two:—

Blackwall's Island Asylum, State of New York—Discharges during 1849.

	Recovd.	Impvd.	Not Impvd.
Had been in the Asylum less than three months ... }	130	34	5
From three to six months ...	47	10	4
From six to twelve months ...	23	7	0
From one to three years ...	11	6	2
From three to six years ...	1	3	0

—*Psychol. Journal*, No. XV. p. 436.

Richmond Lunatic Asylum, 1832–1837.

Had been in the Asylum less than three months	134
From three to six months ...	54
From six to twelve months ...	57
From one to two years ...	17
From two to four years ...	4
Total number cured ...	264

—*Dublin Medical Journal*, No. XIII. p. 375.

Dr. Duncan, sen.'s, Asylum, Farnham House.

	Males.	Females.
Had been in the Asylum less than three months ... }	29	11
From three to six months ...	5	8
From six to twelve months ...	3	4
More than one year ...	4	0
Total cured in ten years ...	41	23

It is not at all difficult to understand why the efficacy of treatment should depend upon the promptness and energy with which the proper remedies are applied. All morbid action in every organ of the body must, at its commencement, be a merely functional affection, that is to say, it must be entirely independent of any structural alteration in the organisation of the part ; afterwards, when it has lasted for a certain period, secretions are effused which clog the vessels, and embarrass still farther their natural actions. If the treatment be commenced before any change in the minute structures has taken place, it is quite obvious that the difficulty of restoring the parts to their healthy condition must be considerably less, and must occupy a shorter time than if it be delayed to a later period. And when organic alterations have once actually occurred, the hope we have of being able to remove them completely depends upon the degree of consolidation that has been allowed to take place, and this again depends, for the most part, upon the interval that has elapsed from the commencement of the diseased action.

Now, if this be true, as a general rule, in all forms of disease, it cannot be a matter of surprise that it should be especially true in cases of insanity, because the brain is so delicate an organ, and is placed in such a peculiar position (being enveloped in a bony case of unalterable capacity), that an amount of structural alteration, which would be productive of no appreciable inconvenience in any other part of the body, is in it fraught with the most serious results. We do not, it is true, know precisely the mode in which these organic changes operate to impair its efficiency

as an instrument of thought, but we are perfectly certain that they have this effect. Hence it becomes a matter of paramount importance in every case of insanity to have the necessary treatment commenced at once. The loss of a very short time may make all the difference to the patient, whether he is to recover at all or not—and if he recovers, whether his recovery is to be perfect, or only partial. But here comes the practical difficulty in the way of carrying out this principle. In ordinary disease, every man acts for himself. His reason being but seldom disturbed, he judges, as he is quite competent to judge, of the necessity of having medical advice for the removal of his ailment, and both the sense of what is due to his own health, and the painful sensations under which he suffers, urge him to adopt the necessary precautions for his safety. But in insanity the case is altogether different; then the mind itself is involved in the disorder, and consequently the patient is not in a condition to form a correct opinion as to his real state. His thoughts, his feelings are perverted; and the longer his malady lasts, the less capable does he become of estimating his condition. Hence it is not to be expected that he will, unless in very rare cases, take the necessary steps himself for his proper treatment. If anything is done for his benefit, it must obviously be the result of the kind interference of his friends; and this evidently cannot be effected on the moment of his first morbid change. It is only when his conduct has become sufficiently marked to attract general attention, that they become aware of his real state, and this may not happen until a considerable interval

of time has elapsed. Even when the change which has taken place in his mental condition becomes tolerably well known, it may not happen to fall under the notice of those who may be considered as the fittest persons to take the initiative in a proceeding of this kind, and until they step forward, other friends will be slow to interfere. Is it any wonder, then, under these circumstances, which may be considered as the natural course of events, that so many cases of the disease baffle the best-directed efforts of medical skill, and that the cure of those who do recover should be so often incomplete?

Under favourable circumstances, a very trifling amount of treatment will sometimes be sufficient to remove every trace of the disorder, if it be promptly resorted to, whereas, as has just been remarked, if the same case were allowed to go on unchecked for any time, no means, perhaps, would succeed in removing it. I could mention many instances in support of this assertion, but the following case made a deep impression on me at the time of its occurrence. A lady requested me to visit a servant who had lived in her service for some time, but whom she was obliged to discharge shortly before on the supervention of symptoms of insanity. The object she had in asking me to see her, was to get the necessary certificate filled up for her admission into the Richmond Lunatic Asylum. I found the woman in an humble lodging, melancholy, silent, and disposed to commit suicide; she refused her food, and passed her nights without sleep. No cause could be assigned for the occurrence of the attack. Her condition was too plain to leave

any doubt upon my mind as to the propriety of signing the certificate. But as I was leaving the place, the people of the room, who were greatly distressed at her condition, and who felt a painful responsibility in taking care of her, asked me could I not do something for her in the meanwhile, as her admission into the asylum was not likely to be effected very soon. I said that I could certainly order her some medicine ; but placed as she was in such unfavourable circumstances for getting her to take it or do what was necessary, I did not anticipate much benefit from doing so. Suffice it to say, her kind mistress had the prescription made up at her apothecary's, and before a vacancy could be secured at the asylum, this poor woman was restored to perfect health.

While, however, the probability of cure bears a direct ratio to the shortness of time that has been allowed to elapse before the requisite measures are resorted to, it must never be forgotten that recoveries have frequently taken place after the disease has lasted for a very long period. Instances are given by many writers where unexpected recoveries have been met with, under the most unpromising circumstances. In the fourth report of the Devon Lunatic Asylum (1850), an account is given of the recovery of a female, aged thirty-six, who had been in a state of maniacal excitement for twenty years. Her recovery was gradual, and extended over more than a year. At the date of the report she had been well five months, and there was every probability of her remaining permanently so. In the report of the New Jersey State Asylum for 1849, are given the particu-

lars of two unexpected recoveries — one, that of a female who had been ill for more than eighteen years ; and the other, that of a man ill for more than six. In the report of the New York State Asylum for 1850, is given the case of a man who had been insane for upwards of six years, and who was for a long time considered demented and incurable. He would stand for hours in strange positions, apparently without thought or feeling. Gradually he began to pay attention to things around him, and to take exercise. He resumed his trade, that of a tailor, and at length acquired his former dexterity and skill.

I have myself known several instances of this kind. Mr. R. T——, after having been ill for a number of years, and labouring under high maniacal excitement, gradually became calmer, so as to associate with the convalescent patients of the asylum where he was confined. With the view of giving him employment, he was asked to assist in the arrangement of a large collection of books that was then being fitted up in a library that had been newly built. He became interested in the work, and proceeded, at his own suggestion, to make out a catalogue, in which he displayed much ingenuity and skill. During this time the symptoms of his malady gradually disappeared : he was then permitted to amuse himself in taking the supervision of a number of workmen employed in building an addition to the house, and the excitement of his mental faculties which was the result of this exertion ended in his ultimate recovery. It may be laid down as a general principle, that whenever a lunatic can be got to engage in any employment

which excites his interest, and produces a feeling of pleasure in his mind, he is in a fair way to his restoration to reason. But the difficulty which physicians labour under, when patients are so far recovered as to be capable of being thus employed, is to find out such an occupation as will be a sufficient exercise to their debilitated powers, and yet suitable to their peculiar tastes and feelings. This difficulty is particularly embarrassing in the management of patients in the higher grades of society, many of whom, from their previous position, have not been accustomed to exert themselves in any way that required labour of either body or mind.

Another gentleman, Mr. W——, had been three or four years labouring under lypemania, or that form of insanity which is associated with grief, and from the length of time it continued, notwithstanding the treatment adopted, appeared to be almost hopelessly incurable. He fancied himself to have been the cause of all the misery which he saw around him, and especially of the detention of the other inmates in the asylum. He was always whinging, and begged to be taken out to be punished for his imaginary crimes, that the rest of the patients might be set at liberty. He was a complete picture of misery. After this interval, however, a gradual change became perceptible. He talked less in the strain he had previously done, took exercise more freely, assumed a more cheerful air, began to associate with the convalescents, and finally left the establishment perfectly well.

Another gentleman, Mr. ———, who had been two

or three times ill on former occasions, and in whom the complaint appeared to have a constitutional origin, was again attacked when rather advanced in years. He was then labouring under considerable depression. He had given up an appointment which he held with great credit to himself, and which he valued more for the honour of the office than for any emolument he derived from it. He was silent and abstracted, taking very little notice of surrounding objects, but being engaged in his own thoughts, and speaking earnestly to himself in low ejaculations. He was, besides, given to lie in bed the greater part of the day, and to make no physical exertion that he could avoid. In this state he remained for about three years. At the end of that time his father, an old man of eighty or ninety years of age, died, and fears were entertained that if the news of this event were injudiciously communicated to him, the issue might be very serious. Great care was consequently employed in breaking to him the melancholy tidings. But though at first considerably affected, the result was entirely different from what had been anticipated. He began to rouse himself from his lethargy; took an interest in things previously disregarded; then began to inquire after the state of his affairs, and finally recovered the degree of mental vigour he had previously possessed.

Other cases might be mentioned, but these are sufficient to show that no matter how long a case may have lasted, it ought never to be abandoned as beyond the reach of hope, unless that it has passed into the very last stage of fatuity.

Independently of the injury that is likely to be produced by the prevalence of the erroneous ideas throughout society I have been endeavouring to set aside, by making persons less anxious than they otherwise would be to take immediate steps for the proper treatment of their insane friends, there are other modes in which they may be productive of social evils to which it may not be improper to advert.

In the first place, they are calculated to prevent convalescents being placed in favourable circumstances for the re-establishment of their health. When a young man is so far recovered as to be able, to a certain extent, to mix again in society, the reception he meets with must obviously exercise a very important influence upon his mind. If it be cordial, he is materially encouraged ; if, on the contrary, it is cold and suspicious, he is in a corresponding degree depressed. Trifling as the circumstance may appear to others, it is not so to him ; his feelings are rendered sensitive by the consciousness of his past history, and he regards every appearance of distrust with a keenness of sensibility to which there is no parallel in men of stronger minds. He must have but little penetration not to discover any conduct of this kind, if it be pursued towards him ; and if he discover it, he cannot help feeling it with peculiar acuteness. When a man's company is shunned for any impropriety he has committed, the nature of the circumstance in some measure serves to lessen the impression it produces. He feels that he has merited it—besides which, the moral frame of mind that is associated with the com-

mission of evil is seldom particularly sensitive to public censure. But the consciousness of innocence, when it exists, poisons the arrow that we feel rankling within us. If a man offend inadvertently—if appearances proclaim him to be guilty of a crime he has not committed—if he is afflicted with a disease he has not brought upon himself by his indiscretions, any of these things will often give more pain to a sensitive mind than the just punishment of his misconduct will do to an offender. Bearing this in mind, it must be obvious that it is a matter of the greatest moment, when a patient awakens up to the full consciousness of his situation, to receive from his friends, on his return to society, that sympathy and consideration that his peculiar condition so emphatically requires. How uncertain will the continuance of his mental health be unless he is able to procure some suitable employment to occupy his mind. Idleness is destructive to every one, but much more so to those who have had their intellects disturbed, and who require occupation to prevent their attention turning in upon themselves and gnawing at their vitals. It may not be easy to procure for him exactly the kind and degree of employment that is suited to his taste and abilities, but no effort should be left untried to secure so important a result. When this cannot be attained—when either the individual himself is indisposed for exertion, or when the avenues to employment are rudely shut against him, it is not difficult to foresee what must be the result. Physical causes may have disturbed his mind originally, but the mental impres-

sious that such a state will produce will react upon the organisation, and a relapse will sooner or later follow.

It is not, of course, to be supposed, neither indeed is it to be desired, that strangers will, without consideration or inquiry, receive into their employment any one who has just been discharged from a lunatic asylum as convalescent; all that is contended for is, that whenever proper proof can be furnished of his having actually recovered, no unnecessary and no permanent difficulty should be raised against his receiving any kind of employment that there is reason to think him fitted for.

A similar observation requires to be made in reference to contracting matrimony with a person who has once been insane. A strong and not unreasonable feeling prevails against the propriety of such a connexion; and certainly, under ordinary circumstances, no person who has a proper regard to his own future happiness will lightly enter into it. But cases may, and do, occasionally arise where no reasonable apprehension of unpleasant consequences need be entertained, and where it would be the greatest cruelty to enforce this prudential rule too strictly. Hereditary predisposition to the complaint ought in all cases to be regarded as a great bar to matrimonial alliance, and this not only where the person has once laboured under an attack of the disease, but also where no such occurrence has taken place, when the constitutional tendency is strongly marked. Whenever this exists, it becomes a crime in the party thus affected to enter

into the marriage state, at least without distinct notice to the other contracting party; and it is the height of folly in the latter to prosecute it after being made acquainted with the circumstance. It not only compromises their own happiness for life, but it is almost sure to entail upon their offspring one of the most fearful afflictions which a human being has to contend with. But if it can be shown that the development of the disease, in any particular instance, was the result of purely accidental causes—that there was no constitutional taint in the family—that the disease assumed a healthy character, was of short duration, and that the patient has remained perfectly free from every symptom of the complaint for a sufficiently long period to test the reality and permanence of his recovery, then I think it is not unreasonable to say that the marriage can be entered into with perfect propriety on both sides. It cannot, however, be denied that even under the favourable circumstances supposed, the experiment is attended with considerable risk. Such a new train of emotions is excited by the altered state into which marriage introduces them, that it cannot be a matter of surprise if it should prove too much for a mind not naturally strong. While a well-assorted union is perhaps the best preservative that can be devised against a relapse, an ill-assorted one must be the most likely means to precipitate its occurrence. One fact clearly established by the statistical records of lunatic asylums is, that fewer persons become insane who have entered into the marriage relation than of those who remain single. I may add

that I have known more than one instance in which persons who had previously been insane have married without the least unpleasantness resulting ; but then they took place under circumstances which left no doubt upon the mind that the attack was entirely the result of accidental causes.

CHAPTER XI.

ON THE CONFINEMENT OF THE INSANE.

THE ideas of insanity and of confinement are so closely and so commonly associated in most men's minds, that there are not a few persons who believe that to pronounce anyone to be a lunatic is equivalent to condemning him to perpetual imprisonment in a lunatic asylum. This is a *non sequitur* of the most startling description. Many persons really insane are yet capable of fulfilling all the relative duties of life in an irreproachable manner; and to exclude them from society on account of their harmless eccentricities or speculative notions would be both cruel and unjust. A judge* in the West Indies imagined he was a turtle, yet this ridiculous idea in no way interfered with the discharge of his judicial functions, which were performed as regularly and as well as those of any of his learned colleagues. A Mr. Greenwood,† in London, a barrister, followed his profession and enjoyed extensive practice while labouring under the delusion that an affectionate brother had deliberately administered poison to him. I have myself known more than one case of servants, when actually deranged, living in several families, and fulfilling their

* *Psych. Jour.* No. X. p. 279.

† *Ibid*, No. XV. p. 455.

appointed duties with satisfaction to their employers. Indeed, in one instance, the infirmity which might be thought sufficient to disqualify him for the situation was the greatest advantage, because it separated him completely from his companions, made him exclusively devoted to his business, and rendered him a steady and attentive servant.

Many persons who are not capable of discharging all the duties of their social position, or even of incurring any of its ordinary responsibilities, are yet perfectly capable of mixing in the world, and of residing with their families, without the slightest injury to themselves or others. To shut them up within the narrow limits of the most extensive and best-regulated asylum in existence would confer no benefit on the community, while it would inflict a grievous injury upon them. Personal liberty is so great a blessing that nothing but the most obvious and unavoidable necessity can justify the attempt to abridge its unrestricted enjoyment.

Three circumstances only will warrant the confinement of a lunatic in an asylum : first, his inability to take proper care of himself if left at large ; second, the injury that would be likely to result to the public from the dangerous character of his complaint ; and third, the necessity of the measure to promote his restoration to health. When none of these things can be proved to render it imperative, he ought certainly to be left in the undisturbed possession of what is as much his undoubted birthright as it is of any other member of the community.

The first of these cases is sufficiently apparent. A

man who is incapable of using his liberty for his own advantage is clearly not in a position to be left in possession of it. It ceases to be a blessing as soon as it is perverted to his injury. Perhaps it may be said that this principle, if admitted, would shut out multitudes of men in the full possession of their senses from the same privilege, because the use they make of their freedom is clearly not for their own benefit. But the two cases are widely different : the one class of persons being incapacitated by natural causes from the right exercise of their reason, while the other have no such excuse to plead. Hence, while criminality attaches to the one party, the other is exempt from blame ; and as the restraints of law which are properly suited to those in the enjoyment of their senses are inapplicable to the poor lunatic, it is only an act of kindness to place him in a position where that care will be taken of him by others which he is not able to bestow upon himself.

The second case is no less clear than the first. No member of society would be safe were dangerous lunatics permitted to go at large. Very frequently the delusions under which they labour affect persons who are total strangers to them, who have had no intercourse with them up to the fatal explosion of their frenzy, and who, being ignorant of the danger which threatens them, can take no measures of precaution to guard against or avoid it. We have excellent examples of this fact in the death of Mr. Sneyd, of this city, and of Mr. Drummond, in London, both of whom perished by the hand of an insane stranger, of whose very existence they were ignorant

before the fatal shot was fired. Even when no deliberate design has been formed against a particular person, much danger may arise from individuals liable to sudden and ungovernable fits of passion being allowed to go about, so sudden and so unaccountable at times are the causes that will bring on a paroxysm. Cases of this kind are sufficiently provided for by act of parliament ; nor is there anything in the restriction thus imposed inconsistent with sound reason. The possession of individual rights presupposes that they will be exercised in a manner compatible with the well-being of the rest of the community ; otherwise the abstract right of the individual must be made to yield to the welfare of the many. Thus it is the undoubted right of every man in these countries to pursue whatever avocation his taste and talents may lead him to prefer ; yet there are many useful employments the practice of which has been limited or altogether forbidden, from regard to the health or welfare of the public. In the same way, every man has an undoubted right to the undisturbed possession of his property, so long as the enjoyment of that right is not inconsistent with the enjoyment of the rights of others ; but if the purposes of the community require the surrender of that right, the State will step in, and, through the medium of an act of parliament, will seize upon that property, in total disregard to the inclinations of the owner, and appropriate it to the construction of a railway, canal, or any other public work they think necessary. Precisely on the same principles, personal liberty is liable to be suspended when the full enjoyment of the ab-

stract right is inconsistent with the safety and happiness of society at large.

So far as the two foregoing cases are concerned, public opinion perfectly coincides with the soundest views of practical science ; but here, unfortunately, the agreement terminates. The idea is entertained, and publicly avowed, that nothing but the necessities already enumerated can justify the placing a lunatic in confinement. Lord Chief Baron Pollock, in the celebrated case, *Nottidge v. Ripley*, in his charge to the jury, laid it down as a maxim that none but dangerous lunatics ought to be confined ;* and in an article in the *Quarterly Review*, treating upon this subject, it is stated†—“ It ought to be made punishable by a heavy fine and imprisonment to deprive a man of his liberty for any cause except mischievousness to others and himself, and the parties who commit such outrages ought to be prosecuted at the public expense.” And further, the same writer, in speaking of the medical certificates which form the basis of the proceedings connected with placing a patient in a lunatic asylum, repeats the same sentiment. He says — “ The first object of reform in the laws of lunacy ought to be the certificate by which the patient is confined. The question of unsoundness had better not form a part ; it will only bewilder the writer’s understanding with a task of which he is incapable, and unfit him to perform the practical duty of which he is capable. Let him be called upon to say

* *Psychological Journal*, No. XIX. p. 339.

† *Quarterly Review*, No. XLII. p. 374.

simply whether the patient has been, and continues to be *mischievous* to others and himself, so as to require confinement and the care of keepers ; and this must be ascertained by a direct inquiry into his past and present conduct.”

Now, in opposition to the expressed opinions of such high authorities, I must maintain that the third case I have enumerated commends itself still more forcibly to the approbation of every man of unbiassed judgment. While confinement for the purpose of endeavouring to procure the restoration of the patient to health is equally legitimate with either of the other two purposes, it is infinitely more important. To provide for the consequences of disease is the clear duty of our common humanity, but the endeavour to remove the disease itself upon which those consequences depend, is surely deserving of even a higher place among the social virtues. Hence, although the state of a patient is such as not to require confinement for his own safety or that of others, it may become a proper measure from a special regard to the prospect of his recovery. The possession of an unimpaired understanding is of such paramount importance to everyone, that there are few persons, if any, who would not willingly submit to lose their liberty for the recovery of this inestimable blessing, should they ever be placed in circumstances to require the sacrifice. But, as has already been observed, the same circumstances which render such a step necessary, incapacitate the individual, at the moment, from forming a right judgment as to its necessity ; and this it is which constitutes the difficulty of the entire proceeding. In ordi-

nary disease, when a medical man confines his patient to the house or orders him to bed, he does so with his own consent, and it is not very difficult to convince him of the propriety of the measure ; but in insanity, generally speaking, the patient is neither conscious of his condition, nor capable of being made so. Not feeling himself ill, he resists, in the most determined manner, every attempt to restrain his actions, nor will he do a single thing that would seem to give a colour to the insinuation that is thrown out as to his state ; and hence it becomes almost impossible, so long as he is left at liberty, to get him to take medicine, to submit to a regulated diet, or resort to any other course of action that may be thought necessary for the removal of his malady. This is a condition when the medical attendant is evidently to be guided in his decision by the patient's own choice, not at the moment when his judgment is obscured by the effects of his disease, but by what it would most probably be when that pressure has been removed, and he is left in the full exercise of all his capacities of thought and feeling : and the universal verdict of all rational men is, that under any circumstances the temporary loss of liberty is an evil greatly to be preferred to the permanent loss of reason.

There are two aspects under which this question may be considered—its necessity and its expediency. That there are cases in which confinement is not absolutely necessary for the recovery of reason, is admitted by every intelligent physician. I have recently had under my care a young lady who was for some time in a state of the greatest misery. She felt all

the horrors which spring from the consciousness of departing reason ; she was unable to sleep, to control her thoughts, or to follow any occupation. The most distressing ideas filled her mind, which she was not able either to avert or to control ; yet after about six weeks' appropriate treatment, she recovered perfectly. The sense of her condition, and her amenability to all the treatment that was directed for her benefit, enabled me to accomplish, in her case, what cannot often be done in other instances. At this moment I have another patient under my charge in which I hope to be able to succeed by similar means, without resorting to the alternative of placing her in an asylum. But such cases form, in general, the exception to the rule, the peculiar nature of the malady almost always forming an insuperable barrier to the effective application of the requisite medical treatment ; and when matters arrive at such a crisis that the physician in attendance has only a choice between abandoning the disease to itself or placing the patient in a suitable asylum, no one of any proper feeling, I think, can hesitate to decide which is the right course to be adopted. To leave the disease to nature is almost certain to be followed by the most deplorable results. Generally speaking, the malady progresses from one degree of insanity to another, till it ends in complete dementia. The best that can be expected is, that the case may remain stationary, exhibiting for life the unmistakable evidence of a disordered intellect. Very rarely, indeed, do we find, under such circumstances, that reason is restored to its original healthy condition. When such a result has occurred, it

has been due to accidental causes, such as the limited and slight nature of the attack, or the unusually favourable circumstances in which the patient happened to be placed. The rarity of such cases, however, is a strong and sufficient reason why we should not trust to the spontaneous efforts of nature alone to effect a cure. Everything we know of the disease, both theoretically and practically, teaches us to conclude that the promptest and most decided measures are absolutely necessary to preserve the integrity of the organ of thought from those molecular alterations which permanently impair its efficiency ;* and hence, if the proper treatment cannot otherwise be carried into effect, no hesitation ought to be felt about resorting to the unpleasant alternative of placing the patient in a suitable asylum.

But even when not absolutely necessary, the measure may still be expedient. I speak not now as to the possibility of proper attendance being secured at a smaller cost in an asylum than it can often be at home, nor yet of the inconvenience that sometimes arises from having the domestic economy disturbed by the attempt to have the requisite treatment carried on where no proper facility exists for its prosecution. These are points often of great importance in themselves, when the question comes to be practically con-

* "One inference to be drawn from the statistics of insanity is, that a large portion of those individuals who are withheld from an asylum during the early period of the disease, become the subjects of chronic insanity."—"Eighth Report of the Dorsetshire Asylum," quoted in *Psychological Journal*, No. IX. p. 81.

sidered ; but they are beside the object I am anxious to bring before the reader—and that is, the bearing that a home residence has upon the patient himself, and the prospect of his recovery. Upon this point the most experienced physicians, without exception, give it as their opinion, that to leave a patient in his own residence exercises a most injurious influence upon the progress of his malady, interfering with the efficacy of treatment, and retarding, if not preventing, recovery. When speaking of the curability of the complaint, I have quoted some passages to prove the importance of having the patient placed among total strangers ; and Dr. Willis, who was selected to undertake the management of George the Third, during his melancholy illness, was so deeply impressed with this idea, that he not only changed the attendants who were placed around the King's person, but even the furniture of the apartment he occupied, so as to break the association of ideas, and to lay the foundation for a different train of thoughts in the royal mind.

Nor ought a step of this kind to be considered an unreasonable or unnecessary one. When we remember the perfect liberty most persons enjoy at home, as to their eating and drinking, the hours they keep, the companions they associate with, the books they read, the pursuits they follow, &c., it must be obvious that such a place is extremely unsuited for the treatment of a complaint in which all these things, trifling as they appear, are of great importance. But the circumstance that, of all others, exercises an injurious influence upon the progress of a case thus situated, is

the relative position that he naturally occupies towards the persons around him. Accustomed to command and to obtain from his servants an immediate compliance with his wishes, he is not prepared to submit to a system of restraint which clothes others with that authority he has hitherto wielded himself, and which curbs his inclinations and movements at every moment of his waking consciousness. How, it may be asked, are the orders of the physician to be enforced, when the person who is employed for the purpose of seeing them carried into effect is necessarily placed under the disadvantages of such a position? Of all kinds of control, that which the human mind is least disposed to brook, is that which is administered by those who do not carry the respect of those who are obliged to submit to it. The consequence is that a constant struggle is set up between the parties, which cannot fail to be injurious to the patient so long as it is maintained. His mind is kept in a state of perpetual excitement, at the very moment when it requires the most perfect rest. But when he is removed to another place—when he is subjected to the control of an authority which he can recognise and respect—when he is surrounded by strangers whom he has not been accustomed to command, the whole scene is altered; new emotions are excited, new thoughts suggest themselves to his imagination; and when the first feelings of disappointment and annoyance have passed away, he very generally settles down into a state of calm and quiet resignation. When this is the case—when the struggle which kept up excitement before has terminated, the mind begins to enjoy what is pre-

eminently necessary for its recovery, an interval of uninterrupted repose. Hence a well-regulated asylum is not only a valuable auxiliary to the medical treatment properly so called, enabling us to apply various remedies which could not otherwise be had recourse to with any hope of success, but it is, at the same time, to adopt the language of Esquirol, itself an instrument of cure, and a therapeutic agent of the greatest value in the hands of those physicians who know how to apply it properly.

We have now to consider some of those objections which are commonly made to the confinement of a patient in a lunatic asylum. The first I shall allude to is the exposure which such a step necessarily occasions. This is most strongly felt in the case of females, particularly among the higher classes of society, and every effort will be made, in the first instance, to have the patient treated domestically before their friends will consent to her removal. It is only when every other method has failed that this alternative is had recourse to. Everyone will feel that this is extremely proper when the recovery of the patient is not jeopardised by the delay. But the moments at the commencement of the malady are too precious to be allowed to pass unimproved ; and if a suitable plan of treatment cannot be effectively carried out at home, no unnecessary time should be lost in the experiment. But to return to the objection. It is quite true that the patient's real name, age, &c., must be transmitted immediately on admission to the inspectors of lunatic asylums, and that so far a degree of exposure is incurred in the outset, which may be avoided when

the treatment is pursued at home. But everyone will see that public functionaries, immediately responsible to Government for the proper discharge of their duties, and liable to dismissal for any impropriety of conduct, are not likely to divulge a secret of this kind, the knowledge of which has been obtained through their official position, and which has been entrusted to their keeping as a sacred deposit, which they are to preserve for the protection of the individual himself, and for the benefit of society at large. But while there is this advantage in treating an insane patient either at home or in a private lodging over a public establishment, I believe that greater privacy may really be obtained in the latter than either of the two former. This may seem a startling statement, but I believe it is, nevertheless, true. If the patient is kept at home, how is it possible to prevent his condition being known to the servants, and becoming the subject of conversation among their gossiping acquaintances? There is so much strangeness, in general, in the language and actions of the insane, that it cannot be matter of surprise if servants who have not been accustomed to such conduct should be struck with their peculiarities, and should make them the subject of remark. And the very means that most persons would adopt to restrain such observations, are the most likely to produce them. To place the patient in seclusion in some unfrequented part of the house, to prohibit intercourse with him, is the very way to stimulate curiosity, and to give a zest to the undercurrent of conversation. Nothing travels more quickly than a secret, and the mystery that must ne-

cessarily be practised in every attempt at concealment is almost sure to defeat its own object. Then again, how are the friends who are in the habit of visiting at the house to be kept in ignorance of what has happened? The age at which these attacks occur is precisely that in which absence from the drawing-room will provoke observation. If the patient, however, should be sent away to a private lodging, while all the disadvantages of separation from home that attend removal to an asylum are incurred, the design of concealment will not be promoted. In addition to the difficulties in the way of effecting this object already mentioned, there is another to be mentioned, which is this, that the parties who take lodgers of this description have a direct interest afterwards, in a quiet way to be sure, in publishing the names of the individuals who have been residing with them. Depending for support upon the character they acquire for kindness, steadiness, and tact, they are obliged to resort to expedients of this kind to procure fresh employment. Anonymous recommendations and references would be useless, as they would carry no weight, and therefore they are naturally led to mention names which it is the interest and wish of the parties themselves to have concealed. The case, however, is different with the proprietor of an ordinary asylum. Being publicly known, he is not obliged to resort to individual references for the endorsement of his character, and the frequency of such an event as the admission of a new patient must operate to prevent the circumstance making as deep an impression upon the minds of the attendants as it otherwise would do. In

particular cases the name of the patient is concealed by the adoption of the Christian name simply, or by the substitution of a different and conventional one. Further, the familiarity that habitual residence among the insane produces with their habits and peculiarities, leads the attendants to look upon those of any individual patient with little curiosity and with no surprise. Hence they are less likely to make them the subject of conversation among strangers than they would otherwise be, even if their opportunities of speaking of them were greater than they are. But the confinement to the precincts of the institution that is the necessary condition of their employment, gives them few opportunities of indulging this propensity if it should exist. From all these circumstances I believe it will be found that there is less reason to apprehend the disclosure of a patient's name or infirmities from the attendants of a regular asylum than from the servants of a private family. And I have known several instances that establish this very satisfactorily. In one case a young lady recovered so rapidly after her admission that some of her own relations were ignorant of her having been ill at all, and thought she had merely paid a visit to some friends in the country. In others, two members of the same family have been in confinement at the same time, and yet did not discover their proximity; and in others again, though their residence was protracted for several years, their real name was unknown to the attendants immediately in charge of them.

A second objection to removing a patient to an asylum is, that it is a reproach for a family to have it

said that any connexion of theirs was ever placed in one. This feeling undoubtedly exists, and with some persons is carried to an unwarrantable height. I have known it in one instance to have been the cause of a patient's removal, when he had but a few days to live, to prevent its being said afterwards that he had died in such a place. Now, in reply to this objection it may be said that if there be a reproach at all in the matter, it consists not in being in an institution of the kind, but in being in a state that would justify his being placed there. The condition is the same, no matter where the individual happens to be placed; but it is decidedly an error to suppose that there is any real ground for considering insanity as a reproach. An affliction it is, undoubtedly, and often an affliction of the very deepest kind; but considered abstractedly it implies, as I have already seen asked, no more the idea of personal or hereditary delinquency than consumption or any other form of physical suffering. In some cases, no doubt, its origin may be traced to irregularities of life on the part of the individual attacked, which imply more or less criminality of conduct; but this is by no means true of all cases of the disease, nor even of the majority. And precisely the same thing holds good of consumption and other complaints. Many of the most distressing examples of insanity occur among persons who have been distinguished in the earlier parts of their lives for the purity of their minds, the amiability of their disposition, the propriety of their conduct, and the delicacy of their moral feelings. When a mysterious dispensation of Divine Providence visits them with the loss of reason, can

the trial be regarded with any correctness of speech as a reproach? The whole error of such an opinion is to be traced to a long existing, but false view of the nature of the disease, and perhaps also of the general tenor of the Divine dealings with the human race.

A third objection is, that to place a patient in an asylum where he will be compelled to live with a large number of other patients, is not only to condemn him to a most horrible doom, but to take the most effective means to retard or prevent his recovery. This objection has been publicly made more than once. Were there any truth in the idea on which it rests, no such thing as a recovery could take place within the walls of these establishments. Nay, more; the very attendants themselves should become infected with the disease, passing, as they do, so great a part of their lives in so monotonous an employment. But neither of these statements is correct. We have no means of comparing the number of recoveries that take place among patients treated in private, and in asylums, because the statistics of the former class, from the very nature of the subject, cannot be collected. But from the tables which have been given in the last chapter, as well as from other sources, we know that a very large number of recoveries do take place in asylums, and that every day, as improvements are introduced into them, the number is increasing. Instances, I may assert, with confidence, are rare of any one engaged as an attendant upon the insane becoming attacked with the disease, notwithstanding the confinement to which they are subject, and the constant intercourse they are obliged to maintain with the

objects of their charge ; and when they do occur, they can always be satisfactorily accounted for on other principles than that of supposing the nature of their employment had anything to say to its development.

When a patient is placed in a properly regulated asylum, it is not to be supposed that he is permitted to associate indiscriminately with all the inmates who may happen to be there before him. Such a course would be fraught with the most pernicious consequences. The due classification of the patients is the first element attended to in every asylum which has the least claim to be considered as a scientific institution ; and where proper care is bestowed upon this point, the intercourse of the patients constituting the different classes is often productive of advantage, and scarcely ever of injury. In support of this statement, it would be easy to adduce a large amount of evidence derived from the recorded experience of the highest medical authorities. I shall merely refer to one or two. Dr. Kirkbride, in the "Third Report of the Pennsylvania Asylum," says—"I do not recollect ever having seen a patient, where there was a proper classification, materially injured by coming in contact with his fellow-sufferers. In many cases the effect is negative, and sometimes disagreeable to a patient, without being at all injurious. With the mass of our patients it has been advantageous ; in a few very strikingly so."* Dr. Nichols, in the "Report for the Bloomingdale Asylum for 1849," says†—"I believe it

* Quoted in *Psychological Journal*, No. XI. p. 390.

† Quoted in *Psychological Journal*, No. XX. p. 498.

to be the uniform opinion of those experienced in this speciality of the medical profession, that the injurious effects of removal to an asylum, sometimes apprehended, never occur, and that the association of the insane, if there be a proper classification, very often essentially promotes recovery, and is attended with no objections whatever." In the "Fourth Report of the North and East Ridings of Yorkshire Lunatic Asylum for the year 1851," is given an account of a blacksmith, whose recovery was materially promoted by his having been entrusted with the oversight of another patient of unruly character, and affected with a propensity to steal;* the sense of responsibility and continued watchfulness which resulted from the charge having, probably, acted as a wholesome stimulus to his mind. Pinel relates the history of a watchmaker, who believed that he had been guillotined along with other victims, but that afterwards the judges repented of their cruel edict, and ordered their heads to be replaced: in the confusion of the moment, by some mistake, a wrong head was given to him; and this idea haunted him continually, and made him miserable. One of his fellow-patients, a convalescent, of a lively and jocular turn, one day directed his attention to the celebrated miracle of St. Denis, who carried his head under his arm, and kissed it as he went along. Hereupon a discussion arose, the watchmaker insisting upon the possibility of the occurrence, and citing his own case in support of it, upon which his companion burst into a loud fit of laughter, and asked him how St. Denis

* *Psychological Journal*, No. XVI. p. 558.

could possibly contrive to kiss his own head?—was it with his heels? This unexpected repartee struck the lunatic forcibly: he became conscious of the absurdity of the idea; he retired, confused, amidst the laughter of all present, and never afterwards mentioned the displacement of his head.* Dr. Cox relates the case of a patient who asserted that he was the Holy Ghost. A gentleman present exclaimed, “You the Holy Ghost!—what proof have you to adduce?” “I know that I am,” was the answer. The gentleman said, “How is this possible? There is but one Holy Ghost—is there? How, then, can you be the Holy Ghost, and I be so too?” He appeared surprised and puzzled, and, after a short pause, said, “But are *you* the Holy Ghost?” The other answered, “Did you not know that I was?” The patient replied, “I did not know it before. Why, then, I cannot be the Holy Ghost.”† In an article entitled “Confessions of the Insane after Recovery,” there are given several letters written to the superintendent of the Ohio State Asylum, by patients who had been previously in confinement there; and in one of them there is the following passage:—“But when I found others in the asylum who seemed to suffer, in a degree, the same fears and torments as myself, I was led to try to think I might be wrong in some things, until gradually reason returned, and with it the affections of the heart.”‡

I have myself known several instances where the

* *Psychological Journal*, No. XII. p. 443.

† *Ibid*, p. 444.

‡ *Ibid*, p. 471.

intercourse of one lunatic with another has been productive of advantage ; thus a patient will sometimes refuse to take the food presented to himself, under an idea that it has been poisoned, while he will readily take that which is offered by another, because he does not believe that the attempt would be practised upon any but himself. Again, when a patient is labouring under a paroxysm of excitement, he will listen occasionally to the soothing remonstrances of another, when he would only have his excitement augmented by the interference of attendant or physician. The sympathy of suffering produces its accustomed effects even in the ruins of our moral nature, and hence much of the influence for good that one patient over another possesses, can readily be understood. In the earlier stages of the treatment of insanity, I can confidently assert that I have never known any injury result from the patient's residence in an asylum ; but at a later period, when convalescence is progressing, I believe that it is sometimes hurtful to continue them there. Removal to a private lodging, under these circumstances, as a preparatory step to their return home, or an extended tour, under proper supervision, will both expedite recovery and render it permanent.

That residence in a lunatic asylum, with its confinement and the kind of companions that one meets with there, is painful enough to men of active minds, cannot be denied ; but it would be wrong to let the idea go abroad that they are the dismal places some persons seem to imagine. Many of them are large and cheerful edifices, differing but little from an or-

dinary country house, and commanding extensive and agreeable prospects. In most of them, in the present day, there is provided for the patients a great variety of amusements, combining exercise with pleasure. There are books for the studious, gardens for those who have a taste for flowers, musical instruments and mechanical employments for others. Intercourse with the world is kept up by means of newspapers and magazines. Some patients are permitted to walk or drive, under proper superintendence, upon the public roads. Some are taken to church, and places of public amusement; and some are even permitted to keep horses and ride at large. Were many of those who entertain such mistaken notions of lunatics and lunatic asylums to sit down to dinner with the convalescent patients in these establishments, they would begin to doubt whether they really laboured under this complaint at all, so little difference would they be able to detect in the tone of the prevailing conversation from that which is met with in an ordinary boarding-house.

In the foregoing observations, I have been anxious to disabuse the public mind as to that prejudice which exists against these useful institutions, and which operates so injuriously upon the best interests of this unfortunate class of the community. Much of the evil, I am persuaded, arises from the ill-chosen name that has been selected for their designation. In calling them asylums, the idea is necessarily suggested that their proper use is to shelter the incurable, and to screen eccentricities from observation that are not fit to be exposed. But proper medical treatment,

with a view to the restoration of health, appears to form no part of their design, and consequently sufficient credit is not given for what is now universally admitted to be the most important part of their function. To rectify this error, it would be desirable that the name of asylum should be universally abandoned, and that of hospital for the insane substituted in its place. As I have already said, it is no part of my wish to insist upon the propriety of all parties being sent to an asylum as soon as their malady develops itself; that must be determined in each particular instance by the peculiar features that it happens to present. What I do mean to press upon the reader's mind is the urgent necessity of early treatment in all cases, as an act of simple justice to those who happen to be attacked; and if this cannot be effected without resorting to confinement, no time ought to be lost in carrying it into effect. One remark further is all that remains to be made upon this subject. I have spoken of confinement simply in connexion with the endeavour to promote their recovery. This, of course, applies to the early stages of the complaint solely. When these have passed away, and the disease has subsided into a chronic and permanent form—when, in fact, the *hope* of recovery has been given up, then the question of confinement or no confinement assumes a totally different aspect, and must be determined by special considerations, depending on the form of the malady, the pecuniary resources of the patient, and his family circumstances.

CHAPTER XII.

ON ACTIONS FOR FALSE IMPRISONMENT.

WHEN a man is falsely placed in confinement, under the plea that he labours under insanity, a double injury is inflicted upon him. There is first the loss of his liberty, including, of course, the value of his time and labour to himself and those depending on him; and there is, secondly, the affixing upon him an unfounded imputation, which must materially mar his future prospects in life. For although, as has already been remarked, insanity cannot properly be considered a reproach, yet its nature is such that few persons willingly give employment to anyone whom they know to have been affected with it, lest at some unexpected moment he should be again attacked. This is more especially the case when the character of the person's occupation is such as to render it a matter of peculiar importance to guard against the occurrence of such a casualty; as, for example, when he is to reside in his employer's family in a confidential capacity. Of these two kinds of injury the latter is undoubtedly the greater, inasmuch as its effects are not limited to the moment of its infliction, but last through life. The only remedy within reach of the aggrieved individual is an action at law to punish the offender, and to reimburse himself, as far as it is possible, for the wrongs he has sustained. But while

one of these injuries can be adequately recompensed by a proportionate amount of damages, no pecuniary fine will be sufficient to atone for the other. Something more is requisite to counteract the continued influence of an unfavourable impression once produced, and to this it is necessary very briefly to direct attention. In looking to the practice usually pursued by juries when trying cases of this description, we cannot help observing that they content themselves with simply awarding an amount of damages corresponding to the idea they have been led to form as to the extent of injury sustained by the plaintiff. If there have been several counts laid in the pleadings, instead of returning a distinct and special verdict upon each of these separately, they merely return a general verdict upon the whole issue, leaving the public completely in the dark as to the views they entertained of the particular points in the case, and as to the grounds of their decision. This practice may, perhaps, be accounted for by the fact of the great body of our people being engaged in commercial pursuits, and by our consequent habit of reducing everything to a money standard of value. Regarding every question in a pecuniary point of view, we seem to think that when a price has been put upon the matter in dispute, there is really nothing else of sufficient importance connected with it to require further consideration. Now, in opposition to this practice, I think it is matter of regret that juries do not, in all cases, state what opinion they have formed as to the mental condition of the plaintiff at the time of his incarceration, because it seldom happens

that actions of this nature are so simple in their details as to admit of no question being involved in their decision but the one immediately touching the act of confinement. Were that invariably the case, perhaps no misconception could arise, and the record of the fine, as it could bear no other interpretation, would carry along with it the full and necessary vindication of the state of the plaintiff's intellect. But when this is not the case, where complicated questions have to be considered, no such inference can be legitimately drawn from a general verdict, and the public are liable to fall into a very serious misconception regarding it. It must not be forgotten that there is a wide difference in the force of a general verdict when given in favour of the plaintiff and when given in favour of the defendant. In the latter case it negatives each and all of the allegations contained in the pleadings respecting the defendant's conduct in the transactions between the parties, so that no possible mistake can arise as to the views of the jury and the meaning of their decision; but in the former case it only proves that some of the charges brought forward by the plaintiff have been sustained to a sufficient extent to justify the jury in awarding damages in his favour, and consequently does not warrant anyone out of the jury-box in fixing upon any particular allegation as the special grounds of the decision.

Perhaps it may be thought that any misconception that can arise on a question of this kind must be a matter of very little moment. This is quite a mistake. Independently of the right of both parties to have justice strictly and impartially administered

between them, public interests of great consequence are mixed up with it, which require to be attended to. If the plaintiff was not insane at the period alleged, he has an obvious right to have this fact distinctly stated : a plain expression of opinion, emanating from an impartial tribunal, will evidently do more to reinstate him in his proper position, and to counteract the injurious effect of the imputation that has been fastened on him, than any mere inference arising from the circumstance, that the verdict, such as it was, was in his favour. And, although the public would most probably draw this conclusion from the result of the trial, yet, as a doubt might exist as to how far that conclusion is correct, it is clear that he has a right to complain of a verdict which does not do full justice to the merits of his case. But if the contrary be the fact—if the jury have been satisfied that the plaintiff was insane, while at the same time certain parts of the defendant's conduct in the transaction merited reprehension, the defendant has, upon his part, clearly an equal right to have a distinct and unequivocal acquittal entered in his favour with respect to those charges which have been unwarrantably brought forward against him. He is punished by their verdict, and properly punished for his misconduct, but he has a clear right to know the precise act which is visited with condemnation. The lowest criminal that stands in the dock has this privilege granted to him. When this is denied, he is punished by the negligence of the jury, to a greater extent than it clearly is their intention he should be. They have

decreed that he is to pay a certain sum of money which, it is to be supposed, they consider equivalent to the damage he has inflicted ; but he is still further punished by an unfounded impression to his prejudice, which has no foundation in fact. Perhaps it may be objected to this, that were the circumstances here supposed ever to occur—were a jury to be satisfied in their own minds that the plaintiff was really insane, while yet he had sufficient grounds of complaint against the defendant to bring an action, no jury would be justified in giving a deliberate expression to their sentiments, because it would be fastening the objectionable imputation upon the plaintiff in the most public manner possible. But the interests of justice require that the tribunal which administers its decisions should be eagle-eyed as to the grounds upon which it forms its conclusions, and blind to the consequences resulting from them. “*Fiat Justitia ruat Cælum*” is the only motto which should decorate its sacred courts ; and in the case under consideration, no false delicacy should be allowed to interfere with the proceedings. If the plaintiff brings forward a charge which cannot be sustained, he must be prepared to abide the issue. It is he that brings the suit into court, and he ought to hesitate before taking such a step, to weigh well the results to which it may lead. If he do not this—if he disregards the caution that prudence dictates, all the consequences of his rash act, and all the exposure to which it leads, must be considered as justly chargeable to his own imprudence. No one, I presume, will hesitate to say that a jury would be

fully justified in expressing, either directly or by implication, their conviction that the plaintiff was insane, if the action were brought under the opposite circumstances of the defendant's conduct having been everything that it ought to be — kind, considerate, and humane ; and if so, if the vindication of the defendant's character and conduct is not to be withheld from him, because of the injurious effect it might have upon the future prospects of the plaintiff under the circumstances just mentioned, no substantial reason can be adduced why a similar expression of opinion should not be given, when the circumstances are only slightly altered.

It must not be forgotten that in every action of this kind, while there is only one plaintiff, there are really several defendants. Though the parties to the suit may be only two, every person who has been concerned in effecting the confinement of the plaintiff, has his character involved in the proceedings, and therefore may be justly considered as implicated in the issue. In this way the medical men who signed the certificates, the proprietor of the asylum where he was placed, and the inspectors whose duty it was to visit him, are all in some measure placed upon their trial, equally with the individual who took the initiative in the transaction. A general verdict in favour of the plaintiff, even though it might be considered perfectly equitable and sufficient as between the principals, must yet be regarded as very much the reverse, as far as the other parties named are concerned, because it leaves some degree of doubt upon their conduct, which they are fairly entitled to

have cleared up by a distinct and positive expression of opinion. Juries, I am sure, have not fully considered the effect which this state of uncertainty is calculated to have upon the public mind, otherwise they would, no doubt, take effectual measures to prevent its occurrence ; for it can be no part of their intention to injure, even by imputation, persons who are only indirectly concerned in the cause before them, but whose characters may be materially compromised by a false and unfounded impression going abroad in reference to them.

The only two actions for false confinement which have taken place in this city for many years may serve as a suitable illustration of what has just been said. In one of these cases a gentleman brought the action against the proprietor of a private lunatic asylum ; but in addition to the question of the sanity or insanity of the plaintiff at the time of his confinement, there were other matters mixed up with the case which complicated the details, and doubtless exercised a considerable influence upon the verdict that was returned. The defendant had, to a certain extent, allowed himself to be involved in the transaction of pecuniary affairs belonging to the plaintiff—had got a certain legal document drawn up which he endeavoured to induce him to sign whilst still under his control—and on his refusing to do so, had resorted to a variety of treatment which had the appearance of vindictive severity. The verdict was a general one in favour of the plaintiff, and the amount of damages, which was large, clearly demonstrated the feelings of disapprobation entertained by the jury against the

conduct of the defendant. But did it, it may be asked, give the public the slightest insight into the particular grounds of the decision, and more especially into the precise question of the mental condition of the plaintiff at the time the occurrence took place? The other case was that of a young gentleman who brought the action against a medical man who had acted as his guardian from infancy, and in that capacity had thought proper to place him in confinement; but if we are to judge by what transpired at the trial, the young man never clearly understood how it happened that this gentleman stood in that relation to him. In this instance also the case was complicated with other considerations besides the ostensible question which formed the basis of the trial. The guardian, as has been stated, was himself a medical man, and instead of getting two independent physicians, unconnected with himself or his ward, to examine and certify as to the plaintiff's mental state, he was satisfied with procuring the assistance of a friend,* and filling up the second certificate himself; and then, as he could not act in a double capacity, he induces a third person to act the part of quasi-guardian by filling up the written authority which the law renders necessary before he could legally be received into the asylum. In all this it seemed that while the letter of the law had been complied with, its spirit was infringed, for it was

* This gentleman was in every way above suspicion in the transaction; his character for upright and honourable feeling and conduct being too well known to require confirmation. I merely put things in the light they appeared to the jury and the public.

clearly intended that three preliminary guarantees should be had before a lunatic could be deprived of his liberty, and in this instance there seemed to be virtually only two. Still further, it turned out in the progress of the case that the young man was a natural son of the defendant, and that this fact, so important to him to be acquainted with, was carefully concealed* from his knowledge up to the very moment when, in consequence of certain unfounded imputations that were thrown out as to his parentage and possible expectations, it became necessary to have the mystery cleared up. It is not impossible that the jury may have thought that the previous concealment of this fact, coupled with its public disclosure at the trial, was a most grievous wrong inflicted on a young man of promise and ability, calculated seriously to damage his prospects in life, and which required consequently some pecuniary compensation from one who, under any circumstances, was bound to make some provision for his future support. It forms no part of my purpose to express any opinion upon this case *pro* or *con.*; but I think I may be permitted to avail myself of it as an illustration of the possible ill effects that may arise from general verdicts. There can be no question that the public adopted the idea from the finding of the jury, that they entertained the opinion that the plaintiff never was really insane. Very probably they may have been right in this estimate of the jury's opinion; but there is at least a bare possi-

* I have since heard that this was not exactly the fact, but I state matters as they appeared at the trial.

bility that they have been mistaken. There is certainly nothing in the verdict itself to warrant such an inference ; all that it allows us to conclude is, that they considered the defendant had been guilty of a grievous wrong to the plaintiff, but wherein that wrong consisted we have no means of ascertaining. It is even within the range of possibility that the jury themselves may not have been agreed upon this point, for there is this peculiarity in general verdicts as distinguished from those which are specific, that men of the most opposite views as to the details of a case, can yet agree as to the finding. Now, if we suppose, for the sake of argument, that the public were really mistaken in the opinion they formed as to the force and meaning of the verdict in this case, then it will follow that a false impression was suffered to go abroad which it will require very little ingenuity to show, must have been productive of great social injury.

In the first place, it must have had the effect of creating a very general feeling that the law as it at present stands, requires alteration, inasmuch as it is obvious that it does not afford sufficient security to guard against abuses of the kind now referred to. If it be true that a man in the perfect possession of his senses, notwithstanding the safeguards at present in force, has been really confined in a lunatic asylum, and kept there for any length of time, it must be plain that no person in the community can feel easy in his own mind, lest, through mistake, malice, or any other circumstance, the same wrong may be perpetrated upon himself. If there be one privilege more than another secured to us by the constitution under which

we live, which we are accustomed to cherish with peculiar jealousy, it is our liberty ; and the least attempt to invade its sanctity or peril its continuance, is sufficient to call all our strongest feelings into immediate activity. It is this which throws such an unusual interest into trials such as that referred to—stirs up all the sympathies of the spectators in behalf of him who comes into court stating he has suffered an injury of this kind. Nor is it at all surprising that the feeling excited should be strong, and deep, and universal. When we remember the wrongs that even to a comparatively recent period have been committed under this pretence ; the mismanagement and cruelty that were practised within the walls of these institutions, and the hopelessness of escape that pressed down everyone who happened to be consigned to their gloomy precincts, we cannot wonder that the very idea of such an occurrence taking place still should be sufficient to fill every bosom with alarm and indignation. There can be no doubt that when the legislature passed acts providing for the establishment of private lunatic asylums, and regulating their management, it did, at the same time, legalise the confinement of lunatics for the recovery of their health, and by so doing, protected all persons concerned in effecting that confinement from all the penal consequences of their acts, whenever the provisions of the act of parliament were strictly and fully complied with. But while there is thus provided every facility that the sick can require for their admission to such institutions for the recovery of their health, it is evidently no part of the intention of the legisla-

ture that the least room should be left for the abuse of this provision ; and the public have a right to be satisfied that the special enactments regulating the confinement of lunatics are sufficient to prevent any person being wrongfully shut up under that plea. Now, it may be fearlessly asserted, that if the practice is to be permitted at all, no further expedients can be devised more effective than those at present in force, to guard against mistakes. No human arrangements can be made perfect, so as to guard against all possibility of error ; and while a different system might, perhaps, be suggested, which would still further prevent the occurrence of a mistake, which, under the existing arrangements, must be exceedingly rare, and must be almost immediately discovered and rectified, it would, at the same time, throw difficulties in the way of the prompt and successful treatment of genuine cases of insanity, which could only prove exceedingly disastrous.

The existing enactments on this subject are as follow :—

First : every man attempting to open an establishment for the reception of insane patients, must procure a license from the justices of the county in which the house is situated, in quarter-sessions assembled. There is thus a sufficient guarantee that the person so licensed is a man of respectability, and of unimpeachable moral character. Secondly : there must be submitted to the justices, along with his application, an exact plan of the entire buildings to be used for the purposes of the asylum, together with all the out-offices of the same. There is thus a

check upon every attempt at receiving a larger number of inmates than the accommodation is capable of admitting, and at the same time the concealment of any inmate in an unfit place is guarded against. Fourthly : before any patient is admitted to such asylum, he must be visited by two medical men, who, after a separate examination, have arrived at the conclusion that he is a fit subject for confinement, and signed a certificate to that effect. Fifthly : a separate certificate, authorising the proprietor to receive the patient, must be signed by some of the immediate relatives or friends of the party, who thereby takes upon himself the whole responsibility of the proceeding. These certificates must be forwarded with the patient to the asylum, at the time of his transmission ; and unless the patient can be forwarded within eight days after the physicians have made their visit, the certificates are of no value, and fresh visits must be paid, and fresh certificates filled up, before he can be legally received. The object of this proviso is obviously to guard against the abuse that might otherwise occur, of certificates being used to the disadvantage of a patient, long after the state of his mind had become such as to disqualify him for a residence in a place of confinement. Then, these certificates, or copies of them, must be immediately transmitted to the inspectors' office, for their information, so that if the least doubt exists upon their mind as to the propriety of the person being retained in confinement, or the regularity of the proceedings, they may immediately visit him, and having ascertained the fact, give the

necessary directions for his liberation. Now, without going into some further details of a similar character, may not the question be asked in fairness, what greater security can the public have than what is here afforded, if the machinery be properly worked, to guard against any man being wrongfully taken up and kept in confinement? Mistakes may occur when the question is limited to the decision of an individual; but when so many persons, competent from education and experience to investigate such cases, are required to concur in a measure of this nature, it appears almost impossible to suppose that such an event can happen without a regular conspiracy being formed for the purpose, and that among persons of all others the most unlikely to be engaged in such a transaction.

A second injury which was produced by the vagueness of the verdict in the trial which has suggested these remarks, was the uncertainty of the position which the defendant sustained in the transaction. Many persons, to my certain knowledge, believed that he was fined for having given a wrong medical certificate as to the mental condition of the plaintiff; and I have conversed with several members of the profession, who were so deeply impressed with this idea, that they stated they had fully made up their minds that nothing should ever induce them to be guilty of the folly of signing a certificate of insanity for any one: for that no one could tell but that years afterwards the matter might be made the subject of an action, and it would be impossible to say what view a jury might take of the case. It is quite true

that a medical man who signs a certificate does lay himself open to after-consequences of a very serious nature, while he who refuses to do so incurs no responsibility. It is equally true that juries will always lean to the side of the plaintiff in these cases, and will sometimes take a most extraordinary view of the evidence submitted to their consideration ; but it must be apparent that were any large number of the medical profession, either from fear or from any other motive, to adopt a resolution of this kind, the consequences would be most disastrous to the public, and most discreditable to themselves. In every profession a man must sometimes be exposed to danger, and he ought not to hesitate, *when supported by a conscientious conviction that he is honestly discharging his duty to the best of his ability*, to incur the risk of having his motives misrepresented, and his judgment impeached. In this case, however, I am satisfied it was not for anything done in his professional capacity that the defendant was punished ; consequently the verdict had nothing to say to the peculiar duty devolving on medical practitioners, in connexion with these certificates. Still it is plain that the wrong impression unfortunately caused by a want of clearness in the verdict, has been productive of a very important public disadvantage. Even if we suppose that the defendant was punished for having been the principal actor in effecting the plaintiff's confinement, it cannot be taken, though I have little doubt it was taken, as a warning to other guardians, not to be found incurring such a responsibility in reference to their lunatic friends who might be really

fit subjects for confinement. Because, if such persons take proper care to have the requisite medical certificates filled up by two independent practitioners of character and respectability beforehand, I think a jury would scarcely be found to punish them for doing what every other consideration would plainly declare to be their duty. But it unfortunately happens, that a warning of this nature is seldom fully understood. If it be a warning at all, it is plainly a warning against wrongfully imprisoning a sane man, and that certainly ought not to deter anyone from taking the necessary steps to effect the confinement of a person really insane, when the measure appears necessary for his benefit. It is to be feared that this distinction is not likely to be drawn by the public in general, and the practical effect of this and similar actions, where the grounds of the verdict are not given, will be to deter most men from doing that which the jury never intended to prevent them doing.

The circumstances which originally led to the adoption of the system of supervision of lunatic asylums which at present exists in Ireland, I have reason to believe were extremely annoying to several of the gentlemen at that time engaged in the cure and management of the insane, because the introduction of such a measure, however proper in itself, looked like a direct impeachment of their previous conduct, and of the manner in which they had, up to that time, discharged an arduous and important public duty. But whatever may have been their feelings then, no persons, I conceive, have had more

reason to be satisfied with the scheme as it now stands, or to be grateful to the individuals who originated it, than the proprietors of private establishments. Because, the restrictions which the law has imposed on the admission of patients into such institutions, though they may operate to a certain extent in diminishing the number of their inmates, must, at the same time, produce a degree of general confidence in their mode of management, which could not be otherwise attained, and which must be of the very greatest importance to their well-being and efficiency. They must still further have the effect of discountenancing the attempt to institute legal proceedings for false imprisonment against the proprietors, which, under other circumstances, would be so likely to arise, and where this is not the case, must furnish the best and most convincing means of vindicating the act.

When a jury is empannelled to try a case of this kind, I think it important to remark, that the only question, as it appears to me, which they are legitimately called upon to consider is, the mere fact of the existence or non-existence of insanity in the person at the time. Many other views will probably be suggested by the counsel in the case, such as whether the form of the complaint were such as to justify the step that had been taken; whether sufficient time had been allowed to elapse before resorting to it; whether it might not have been equally well treated otherwise. But these are matters so purely professional in their character, that it would be absurd to expect a satisfactory verdict on

them from gentlemen who have never devoted the slightest attention to their investigation. Even medical men themselves would differ widely as to the opinion to be formed about them; and if a decision is to be pronounced of any value, it must clearly be referred to a medical tribunal exclusively. But the ends of justice require no such proceeding. What it does require is, that the motive that actuated the defendant in what he did should be ascertained, and that if there were malice in that motive, that he should be punished. If it can be proved that insanity really existed, and that competent medical authorities certified that confinement was necessary for the proper treatment of the case, the responsibility, as far as the defendant is concerned, immediately ceases, and is transferred at once to the medical men who gave the opinion. They may have been wrong in that opinion, but unless some motive can be shown to have influenced them in recommending a measure that they believed to have been wrong, no power can bring them in guilty of anything but a mistake; and even this, as I conceive, a jury composed of unprofessional persons, is not competent to do. In saying this, it is of course to be understood that the medical men employed on the occasion are of respectable character, properly qualified, and experienced in the treatment of this class of diseases. If a man consults in critical cases practitioners of inferior position and reputation, he must take the consequences. Motives may be suggested on the trial to account for the selection, and it will be for him to vindicate himself from the imputation. But

when medical men in general estimation are consulted, the very fact will of itself go a great way, without further proof, to vindicate the whole proceeding.

What would be thought of the conduct of an unprofessional friend, who should dispute the propriety of the orders given by a physician to have a patient labouring under inflammation of the lungs confined to his room and put to bed?—or rather, I should say, who would, long after the case had terminated, and the patient been restored to health, venture to say that such a measure had been unnecessary, and that the physician was liable to blame for having interrupted the man in the discharge of his duties, when he might equally well have taken whatever medicine was necessary when he was going about? Would it not be considered the height of folly and presumption? Would it make the matter better for him to say, “I admit there are cases, certainly, in which it is best to adopt such stringent measures for the recovery of the patient, but this was not one of them; it had not reached that stage in the complaint when such a measure would become necessary, or it was not that form of inflammation that required it?” Would not the physician say, “Those are questions entirely for my consideration; when I was consulted on the case, it was my province to determine what my knowledge of the complaint, and my past experience, led me to believe would be most for his advantage; and if the family had not confidence in my judgment, it was quite competent for them to have gone to some one else. But that the view I took of the case was the

correct one, is now proved beyond all controversy, for owing to the measures which I then adopted, he has been recovered speedily and perfectly." Wherein lies the difference between the case I have adduced, and that of an individual admittedly insane at the time of his confinement, subsequently bringing an action for false imprisonment, on the ground of such a measure not being necessary in his particular instance, for some special reason, except this, that while the patient labouring under inflammation of the lungs was in some sort capable of forming a right judgment of his own state at the time of the treatment, the insane person was not capable of any such effort, and therefore was the more likely to fall into a mistake? Of course, in saying that a jury empannelled to try the question of false imprisonment on the ground of insanity, are only called upon to consider whether the fact, as set out, has been established to their satisfaction, I do not presume to say that when the circumstances of incarceration are open to just suspicion, they are not at liberty to go deeper into the subject, with the view of ascertaining the motives for the act complained of, and expressing, if need be, their disapprobation of these, even though the fact of insanity should be satisfactorily proved. Unnecessary confinement is as much deserving of punishment as that which is effected under false pretences. But in such a trial, the motives will be easily detected, by considering the objects to be gained by the defendant in the act of incarceration, the character of the medical men consulted on the occasion, the conduct displayed in effecting the capture of the plaintiff, the treatment employed for

his recovery, the time he has been kept in confinement, and the circumstances that attended his release—whether it was the spontaneous act of the defendant himself, or whether it was reluctantly forced on him by the authorities under whose care he was placed ; all these things will require to be carefully investigated ; and when clearly ascertained, cannot fail to throw a strong light upon the whole transaction, sufficient either to criminate or exculpate the accused from the charge brought against him.

CHAPTER XIII.

ON COMISSIONS OF INQUIRY.

IF I am not very much mistaken, there prevails at present a strong and an increasing impression among public men, that no person ought to be placed in confinement as a lunatic until a regular commission of inquiry has been held to investigate the case, and to decide upon its necessity ; and that with a view to facilitating the adoption of this principle, the legal expense of these proceedings ought to be reduced to an extremely low sum. I am, however, persuaded, in opposition to this view, that if an occasional wrong would be prevented by such a course, fresh evils of greater magnitude would be immediately occasioned. The evil that this measure is intended to guard against is the possibility of a sane man being wrongfully imprisoned for a few days under the allegation of insanity. Granting that it is possible for such a circumstance occasionally to occur, notwithstanding the arrangements that exist for its prevention, the rarity of its occurrence ought to be a sufficient reason for hesitation before any new machinery is introduced to guard against mistakes. That it is a rare event is sufficiently proved by the extremely small number of actions that have been instituted of late years on this account. No doubt many men may have thought themselves aggrieved in this

way, who have not thought it advisable to take legal steps for the vindication of their rights; but it must be remembered that the existence of such a feeling in any man's mind is no proof that wrong has been really done to him, because no man is a competent judge in his own case; and still further, the very fact that they have not thought it judicious to resort to the redress which the law holds out to them is a sufficient answer to their dissatisfaction.

But let us suppose that such an event as the wrongful imprisonment of a sane man should now and then happen under the existing state of the law, what is the utmost evil that can result? The man's feelings may be outraged by the wrong he has sustained, and this, to a sensitive mind, is a very serious injury in itself; but if he be in perfect possession of his senses, as is supposed, no farther harm can possibly follow. It is absolutely impossible, under existing arrangements, for him to be detained in confinement for any length of time. The visits of the inspectors, men of education and experience, specially selected for their office from their peculiar fitness to discharge its duties, will afford him sooner or later an opportunity of stating his case personally in a way which must lead to his being set at liberty. There is nothing in the atmosphere or internal economy of a lunatic asylum to develop the disease in persons who reside there but a short time and are free from its influence at the time of their admission. All that such a person has to do is to wait patiently until he has an opportunity of making a direct and personal application to the proper authorities, and then calmly

but distinctly putting them in full possession of the entire facts of the case. The more tranquil his conduct and conversation appear, in the meantime, to those in immediate charge of him, the better for himself. He will, when he acts rationally in this way, gain the good opinion and sympathy of those about him, and a favourable report from them will be of material use in forwarding his views. As soon as he has succeeded in obtaining his freedom, it is needless to add, that the law furnishes him with a very simple and generally a very summary method of obtaining redress for the injuries that have been inflicted on him.

Now, let us suppose that to prevent the absolute possibility of such an occurrence happening, the law had enacted that no person should be admitted into any lunatic asylum until a proper court of inquiry had been held, and the propriety of the step ratified by their decision ; what would be the probable result of such an enactment ? Even if the cost of such proceedings could be reduced to an extremely low sum, so as to make it a very trifling object comparatively to the parties applying for it to incur the outlay, there would still exist very serious ground for objecting to the inquiry being held at all, especially in those cases which afforded presumptive expectations of a speedy and a favourable termination, from the very public exposure that must necessarily attend it. Investigations of this nature must be held in open court if they are to command the confidence of the public. A hole-and-corner examination is always looked upon with suspicion ; and even if this objection could be

got over—if the inquiry were carried on with closed doors, and the general public carefully excluded, still the number of persons engaged in carrying on the investigation, as commissioners, jurors, counsel, and witnesses, must give it a very considerable degree of publicity, the practical effect of which would be, that most families would prefer keeping their insane relatives at home, no matter what the consequence might be, or getting them treated in private lodgings, under great disadvantages, to obliging them to undergo such a trying ordeal as a preparatory step to getting them admitted to a private asylum. After what has been stated in a preceding chapter on this subject, it is unnecessary to point out what a serious injury this would sometimes prove to the patient. And here I cannot help remarking that all the public anxiety on the subject of improper confinement seems to be directed against regular asylums, as if they were the only places where such a crime could be committed; whereas it must be obvious to everyone that it is a matter of comparatively minor importance where the individual is confined, if he is deprived of that which he esteems second in importance to life itself—the right of personal freedom. Indeed, in many respects confinement in an asylum is a lesser evil than confinement in a lonely lodging, because in the former there is some sort of companionship to be enjoyed, and some sort of sympathy to be shared; whereas, in the latter, there may not be either. In the former, also, there is a certain *surveillance* in existence to guard against abuse, and to hold out the hope of ultimate deliverance; but when incarcerated in a private

residence, it may be difficult, or impossible, to get access to anyone who will listen to a complaint, or who will stretch out a hand to assist in procuring his liberation. Does it not appear obvious that if a commission of inquiry is to be made imperative only in the case of patients transmitted to regular asylums, a great injury would be done to the insane, by debarring them from advantages which they have every right to enjoy if they please, and that a wider door would be thrown open to abuse by encouraging a secret system of confinement in places which the law cannot recognise or reach, than that which now exists? — and if commissions are to be held upon all lunatics indiscriminately, how is it possible to have a measure rendering them imperative to be carried into effect?

But waiving these considerations, let us suppose that the friends of a patient, after some hesitation, have at length made up their minds that removal to an asylum has become absolutely necessary, and that the trying ordeal must be gone through. Will the steps that the law has thus rendered imperative be likely to benefit or injure the patient? The question is an important one and deserves serious consideration, and no one who reflects carefully on the subject can have the slightest hesitation in saying that it must be decidedly injurious. In the first place, notwithstanding all the expedition that legal processes are capable of attaining in the present day, a considerable delay must occur before the matter is ripe for hearing; documents have to be prepared, evidence obtained and sifted, a jury empannelled, and, in short, all the arrangements inseparably connected with a commission

of the kind properly completed. This delay, even if it extend no further than a few days, occurring as it naturally would in the earlier stages of the disease, when the affection would be still in its commencement, would be of the greatest consequence to the probable issue of the case. It might altogether prevent the patient's recovery—it would undoubtedly delay it. In the second place, the presence of the patient himself at the trial, even if he should be allowed to remain but a short time, must be open to very serious objections; the excitement connected with his own examination, the keen interest he must take in the proceedings, and his coming into personal contact with the parties engaged in carrying on the commission, must be all clearly injurious to every one labouring under the acute stages of insanity. What amount of subsequent advantage, supposing any could be proved to arise from these proceedings, could possibly compensate for the injury that half an hour's excitement, produced in this way, must necessarily occasion? But even if we suppose that all this has been gone through without any resulting disadvantage—that the jury have agreed to their finding, that the patient has been placed in the asylum, that the treatment has succeeded in restoring him to health, what are we to say to the necessity that such a proceeding must impose upon him of being called up a second time, and made to undergo a fresh examination, before he can again be restored to his proper status in society, and enjoy all the rights and privileges of a rational and healthy man, and which he has necessarily been deprived of by the previous proceeding? The whole plan

appears to be too cumbrous in its arrangements to allow of its being worked satisfactorily for any length of time, and to be calculated to lead to results of the most deplorable kind. In a few years, I have no doubt, it would be found that many cases which afforded a reasonable prospect of recovery at first, had they been subjected to speedy and efficient treatment, would have degenerated into a state of incurable hopelessness. Society would be deprived of some of its most useful members, and a burden of excessive magnitude would be thrown upon the industrious classes in providing for a largely-increased number of this helpless and unproductive class.

None of these evils need occur under the existing system, which provides amply for all emergencies that can possibly arise. No sooner is a man ascertained to have lost his reason, than a very simple mode exists of placing him under proper medical care, without any reasonable risk being incurred of a mistake being committed or an injury inflicted. In the circumstance that the certificates of two properly qualified medical practitioners are rendered necessary by law before a patient can be received into a lunatic asylum, both of whom must visit him at separate times and examine him carefully, every ordinary precaution is taken to guard against a passing condition of excitement being mistaken for a permanent impairment of the vigour of his mind. Again, the provision in the act which requires the concurrence of a near relative or intimate friend in the adoption of the measure, secures, as far as it is possible for the law to effect such an object, that those persons who must naturally be

supposed to take the deepest interest in the patient's welfare, should be cognizant of the transaction and satisfied as to its necessity. Still further, the restrictions imposed upon the establishment of such institutions, by requiring them to be regularly licensed before any patients can be admitted to them, clearly limits the management to men of respectability and character, who not only from the circumstance of the continuance of their license depending upon the manner they conduct themselves, but still more from a sense of what is right, would be the last persons to engage in so disreputable a conspiracy as that of depriving a sane man of his liberty.

There is still another objection to this proposed change in the law which I have not yet noticed, and which deserves serious consideration before the subject is dismissed, and that is the unsuitableness of such a tribunal, composed as juries invariably are, of unprofessional persons, to decide a strictly medical question; for it will be found, on closer examination, that the duty which is thus proposed to be thrown on them partakes essentially of this character. This is not the case at present, because the duty which the present state of the law requires them to perform is altogether different from that which the proposed enactment would call upon them to do. At present all they have to do is to decide upon the evidence submitted to them, as to the simple fact of the mental condition of the person whose case is inquired into. But the proposed alteration of the law would require them to do more, namely, to investigate whether the condition which is thus ascertained to exist is such

as to require personal confinement ; and this is evidently a question of a purely professional character, which no one but those who have made the subject of these matters their study is competent to decide. No one, I presume, would contemplate such a change in the constitution of these courts, as to confine them to medical men, either wholly or in a certain proportion, for such a change is totally unnecessary for the purpose to which they are at present applied, and if carried into effect, would entirely destroy that confidence which is their chief recommendation with the public under the existing system. The introduction of the professional element into their constitution in any proportion would create general distrust, and unless it were confined to medical men exclusively, it would be impossible to prevent the anomaly of unskilled coadjutors overriding the decision of men of experience in a strictly technical question. Constituted as they are, what return could they make to the question, Is the case such as to require confinement for its proper treatment ? If they are to take the *ipse dixit* of the medical witnesses as the expression of their sentiments, it is clear that they will be but the echo of the real voice ; and that if the sole purpose of their being called together is to ascertain this fact, they serve merely to enumber the proceedings by the cumbrous machinery employed. It surely is not to be expected that they will set their own crude and commonplace observations in opposition to the carefully-formed and deliberately-expressed opinions of properly qualified authorities. But what are they to do when there exists a difference of opi-

nion among the medical men themselves? To which side are they to lean? The mere number of the witnesses on one side is no proof of the accuracy of their views in questions of this nature, and all that the jury can properly think of doing would be to state that owing to the diversity of opinions prevailing, they are unable to arrive at a definite conclusion. Would such a verdict as this be of any use? Would it benefit the patient? Would it give the anxious relatives the least help to unravel the knotty point as to what the best interests of their friend imperatively require? It is true that the hypothesis now stated supposes the possibility of medical men making a mistake in placing in confinement a person who ought not to be sent there; but does the remedy suggested remove the difficulty?—and if not, what is the use of its introduction? The mistake, it is plain, may be either on the one side or the other, and the interests of the patient may be as much injured by leaving him at liberty as by placing him under restraint.

It must not be inferred from what has been said, that I am by any means hostile to the practice of having these courts of inquiry held upon persons reputed to be insane, and whose condition it may be necessary, from particular circumstances, to have clearly and authoritatively determined. All that I desire to oppose is the introduction of any enactment rendering it imperative in all cases to have the sanction of such a proceeding, as a necessary preliminary step to confinement in an asylum for the purposes of treatment. That would be, as I conceive, to use them in the solution of a difficult and peculiar problem, for which

they are evidently not adapted. Employed as they are at present for the protection of the property of lunatics, they serve a wise and useful purpose, which ought, by reducing the legal expenses of the inquiry to the lowest possible amount, to be extended to all persons who have any private income to be looked after. I would even go farther, and I would say that even when an individual has no property to render such a measure necessary or expedient for its safe keeping, it might be made an essential condition that after he had been in confinement for a certain time, sufficient to allow the probability of his recovery within a reasonable period to be fully tested, he should be brought before a regular commission, to have his mental state carefully investigated, and the propriety of his further continuance in seclusion satisfactorily ascertained. By postponing the investigation to a later period in the history of his illness, the patient would not be likely to suffer any material evil from the excitement that his appearance in court would be certain to lead to at first, and an additional security would be given against a man being detained in custody longer than might be absolutely necessary. Even to this, however, objections may be started. Persons not possessed of private incomes are not those usually in danger of being kept needlessly in confinement, because the common stimulus to such a crime—the *auri sacra fames*—is obviously wanting in their case, and the expense of keeping them in that condition must be borne by others. Secondly, if persons of respectability are really insane, and maintained by their friends in a licensed asylum beyond the time

limited by law, it would seem a harsh proceeding to oblige the relatives, already at a considerable expense for their maintenance, to incur the additional charge of having a commission issued to ascertain their state, even though the actual cost of that commission should be reduced to as small an amount as it is possible to conceive. But the greatest difficulty of all would be to determine the period from which the commencement of the calculation of time should be estimated.

Let us suppose the legal interval to be six months. Is this to be counted from the date of his malady or of his confinement? If the latter, how is it to be affected by change of residence from one asylum to another? The proprietor of one establishment can have no certain knowledge of the time spent by a patient in another place before being committed to his care; and how is he to be made liable for a transgression of an enactment which he has no means of avoiding?

It will be noticed that the principal objection I make to the use of commissions as a preliminary step to personal confinement, is the injury such a course is likely to inflict on the patient by the excitement it must produce. There are, however, certain cases which are extremely difficult to be dealt with in practice, where no evil of this kind is likely to result, and which, from their peculiar nature, I have no hesitation in saying, ought to be made the subject of this kind of inquiry—I allude to cases connected with confirmed and excessive intemperance. Discarding from consideration the ordinary cases of habitual drunken-

ness, where the individual is, to a certain extent, able to fulfil his duties, there are two kinds of cases which are more or less allied to insanity. In one, a paroxysm of intemperance leads to a distinct but temporary attack of insanity; but this occurs so often, and leads to such dangerous results, that it becomes a question whether the individual should be permitted to enjoy his personal liberty at all, seeing that he is sure to bring on a repetition of his insane condition the moment he is set at large, or should be kept in continued confinement, though perfectly rational when limited to total abstinence. In the other, there are no distinct evidences of mental aberration to be detected, but the person is for the time carried away with an insatiable thirst for ardent drink, which completely interferes with the performance of his social engagements; his passions are inflamed, and in the violence of his conduct, temper, and language, he becomes a perfect demon. So long as such a person is left at large, it is impossible to get him to restrain his appetite, and the most deplorable effects are produced; and the only effectual method of securing his deliverance is placing him temporarily in a situation where the means of gratifying his propensities shall be effectually removed from his reach. These are clearly not cases of ordinary insanity, and the mental condition of those who are thus affected furnishes no ground for supposing that they can be injured by a judicial inquiry: it ought, consequently, in all cases, to be resorted to before such a measure is finally determined on. Whether they ought to be regarded as criminals liable to punishment, instead of lunatics amenable to treat-

ment, or whether, granting that confinement is necessary for their benefit, that confinement should be practised within the walls of an ordinary lunatic asylum, are questions which admit of considerable discussion, and which it is not necessary just now to enter upon ; but certain it is that in many respects they approximate to insanity, and that they present difficulties in the way of practical management which can rarely be surmounted by the best directed skill, so long as the individuals are left masters of their own actions.

CHAPTER XIV.

ON THE PROPOSITION TO ABOLISH ALL PROPRIETARY LUNATIC ASYLUMS, AND TO ESTABLISH NATIONAL ONES INSTEAD, FOR THE ACCOMMODATION OF THE HIGHER CLASSES.

THERE remains yet one other suggestion to be considered in connexion with this subject, and that is the propriety of suppressing all the existing private lunatic asylums, and establishing governmental institutions of a corresponding description in their stead, for the accommodation of patients in the higher classes of society. At present all the public asylums, in Ireland at least, with the exception of St. Patrick's asylum, are exclusively constructed for the reception of pauper patients. This suggestion, like the one just considered, is prompted by the idea that it would afford more effectual security to the sane portion of the population against the danger of false imprisonment, because it is supposed that proprietors of private asylums, having a direct pecuniary interest in receiving and retaining the patients admitted to their establishments, are scarcely fit to be trusted with a responsibility that involves so great a temptation to abuse. Not to talk of grosser instances of corruption, it is supposed that their judgments will be unconsciously warped to a false perception, so as to look

upon every harmless eccentricity of manner, and every idle notion floating in the brain of persons committed to their charge as a clear proof of insanity ; and still farther, that when patients really insane have been once admitted, they will be disposed to detain them in confinement, under one pretext and another, longer than may be necessary. Baron Alderson,* in a charge delivered at the central criminal court of London, in June, 1852, expressed himself strongly to this effect ; and if I am not mistaken, there is a vague but general feeling of the same kind prevalent among the public in favour of the suggestion. Dr. Henry Monroe has recently published a work broaching the same sentiment, but putting it upon a somewhat different footing, viz., that of relieving the resident physicians from the responsibility at present thrown upon them of expressing an opinion as to the propriety of retaining or discharging patients and transferring it to the authorized inspectors. Undoubtedly a medical man, in charge of a patient, is often placed in a position where his motives in giving advice upon this point may be open to suspicion, but the same difficulty is constantly felt in every other department of practical medicine ; and though it may be painful to his feelings to lie under a wrong impression, yet we do not find him repudiating the duty or shrinking from its performance. It is plain, from the argument in Dr. Monroe's work, as indeed from the recorded experience of those asylums which are not properly proprietary ones, that the same difficulty would have to be met in public institutions that is now complained of in

* *Psych. Journal*, No. XIX. p. 339.

private ones, though the motives of the managers are not capable of being called in question ; for the very same reasons that now operate with the relatives of convalescent patients, to endeavour to effect their premature removal, would still act upon them after the system of management had been entirely altered.

I myself formerly made a suggestion of this kind. In the year 1834, when but a student, I read an essay before one of the medical societies of this city, part of which was subsequently published in one of the periodicals of the day, at the special request of the editor, in which the propriety of this very measure was advocated, but upon different grounds. I thought that the larger dimensions of public and national institutions specially appropriated for the reception of patients from the higher ranks of society would afford the scientific world a better opportunity of studying the peculiar phases of the malady that result from an elevated status and a high degree of education than we now possess, and that the contrasts presented by patients in establishments in every respect similar, except as regards the class and condition of their inmates, would give us a better insight into the causes and character of the disease than the limited information at present in our possession will allow. How far such an object as this would be secured by the alteration it is not for me to say, but it did appear to me then, as it does appear still, to be in every way worthy of our best-directed efforts to attain it. While this, however, was then my opinion, as it is still, it is right for me to state, after the best consideration I have been able to give the subject, that there are practical

difficulties in the way of carrying any such plan into operation that must very materially interfere with its successful adoption, and that would render it, in all probability, highly injurious to the classes for whose benefit it is specially designed.

I think it may be taken for granted, after what has been already stated, that there exists no such decided necessity for the adoption of further precautions against unjustifiable confinement as to force us to adopt a more stringent system of lunatic asylums, without regard to the consequences to which such system may lead. Matters are well enough provided for already to lead us to pause before embarking in a new, expensive, and complicated machinery, unless it can be shown that it is at least equally advantageous in other respects with that which it is intended to supplant. Now, the proposed plan of having only governmental asylums seems open to this objection, that it would be likely to lead the relatives of the insane to hesitate even more than they do at present before placing their lunatic friends in places where they can be properly treated. When we consider the probable size of such establishments, their public character, their being governed by an official, and numerous board, &c., we can scarcely doubt that such a feeling would be produced, and that a large section of the community would refuse to avail themselves of the advantages they would present, and that sooner than send their friends there, they would endeavour to get them treated some private place. It is needless to say that such a course would entirely defeat the intention of those who now advocate the formation of such establish-

ments. If a door is now open to abuse and cruelty, the practical effect of the new arrangement would be to open it still more widely, while, as we have formerly seen, it would be decidedly injurious to many patients, by depriving them of the only effective means for having their malady properly treated. Nor could the inconvenience be remedied by any law that could be framed, making it penal to have lunatics kept in private houses. So long as any patients of this class are permitted to be at large, it would be obviously impossible to have its provisions constructed in such a manner as to allow of a distinction being drawn between those who might and those who might not be confined in separate lodgings.

The admission of the principle that such a thing as a proprietary asylum is not to be permitted to exist, plainly involves the hypothesis that the Government is prepared to establish different institutions in every requisite variety of style of accommodation, and rate of charge, to suit the different classes of society, and the pecuniary circumstances of individual patients. Admitting that the Government were even to do this, the question remains to be asked, will they create several asylums of each grade, and by doing so, leave the parties requiring accommodation the power of selecting between rival institutions, so as to have in some measure the option of disposing their invalid relative where they may think most for his advantage? or will they, by creating one only of each kind, virtually establish a monopoly which they must necessarily be satisfied with? I say nothing of the difficulty of managing the receipts and expendi-

ture of such establishments, so as to secure to each individual the full amount of the comforts to which his payments entitle him, and at the same time to guard against their becoming an expense to the State ; for I take it for granted that it would never be contemplated that the rates of charge should be so arranged as to leave a profit to the country, and if not, how is the calculation to be made, so as at all times, and under the varying conditions of a fluctuating number of inmates, to guard against a deficiency ? Difficulties still greater would probably arise, as to the extent of country for which such institutions should be constructed, which would be peculiarly embarrassing if the friends of the patient were left an option of using them or not ; and if such an option were not accorded to them, the whole proceedings would have an arbitrary and tyrannical character, altogether foreign from the spirit of the constitution.

There is a plain and obvious reason why the Government should establish public asylums for the use of the poor, because the inability of the classes for whose benefit such establishments are intended, to provide proper accommodation for their reception without such assistance, leaves the country only a choice of evils—either to suffer the neglected lunatics to wander about the country uncared for and uncontrolled, a burden to themselves, and a source of danger to others, or to undertake the duty of providing proper accommodation for them at the public expense. These establishments, consequently, partake essentially of an eleemosynary character. But no such necessity can be urged for the adoption of a similar

system of public asylums for the rich ; and although they might not, in any proper sense of the word, deserve to be considered as charitable institutions, yet it cannot be forgotten that the sturdy spirit of independence which forms so striking a feature in the national character, would strenuously resist the attempt to force upon them the use of a public and state provision for the accommodation of their relatives and friends ; and it seems scarcely possible to prevent many persons taking a wrong idea of the nature of these institutions when they perceive others precisely similar formed on a basis of a purely charitable nature. In these countries there is a strong feeling among persons in independent circumstances against allowing the State any control over what they consider their proper and personal rights ; and it has consequently become a settled maxim in the policy of the country, that the Government is not to be asked to do anything that can be done equally well by private enterprise.

It must not be forgotten that if the proprietors of private asylums have a direct pecuniary interest in the success of their establishments, this very circumstance, though it may occasionally betray them into improprieties, is of itself a powerful stimulus to exert themselves to the utmost to promote their efficiency as places of recovery. The surest step to success in this as in every other undertaking, is to prove oneself deserving of it. A large number of cures effected in a short time will do infinitely more to fill the purse of the proprietor than all the questionable gains he can lay his hand on, by detaining patients unnecessarily after they have recovered, or admitting

others who ought never to have been received. In a public institution it is obvious no such stimulus can exist. A sense of duty, and a desire of reputation, are the only motives that can prompt a man to exertion, whose salary is fixed, and independent of the issue. These, undoubtedly, are sufficient to induce many who occupy this honourable position to use their utmost ability for the good of the patients committed to their care ; yet looking at human nature generally, we cannot help admitting that the sense of a man's income depending upon his exertions in any undertaking is a motive infinitely more powerful in effect, though lower in moral principle, in leading him to discharge his duties zealously and efficiently. Even the ambition to earn personal reputation has less scope to act in the case of managers of a public institution than in that of the proprietors of a private one ; because in the latter the character of the establishment is simply and exclusively that of the individual who conducts it. It is impossible to separate the one from the other. There is no prestige arising from honourable names associated in the management, and identified with its interests, to obscure, by the weight of rank, influence, or authority, the exact measure of personal fitness for the situation he fills. In public asylums, on the contrary, the managing board occupy the prominent place in the public eye ; they are the source of authority, and the fixed and permanent head, while the manager is but a subordinate officer, occupying the post for a season, and removable at pleasure. It is hence much more difficult for him to bring his personal exertions into

public notice, so as to earn for himself a distinct and honourable character. Beneath the shade of the official directors, both the deficiencies and the merits of the managing superintendent are concealed from general observation, and consequently the stimulus which would otherwise be so valuable in stirring him up to individual effort, loses a great part of its real value.

There is one obvious advantage that private asylums possess over public ones, which deserves to be noticed, and that is, that the entire power of directing their concerns, as well as the sole responsibility, is placed in the hands of a single individual. Hence all the details of their management are characterised by unity of action and design — a matter of the very greatest importance in the treatment of lunatics. If the assistants hesitate or refuse to comply with the views of the head of the institution, there is a short and simple method of getting rid of the inconvenience. This is not always the case in public institutions. Subordinate officers often occasion a great deal of annoyance to the principal superintendent, and thwart his wishes in a variety of ways, which it is difficult to bring under the notice of the board, or to represent to them in such a manner as to convince them of the necessity of adopting an effectual remedy for the evil complained of. This is not the fault of lunatic asylums exclusively, but of all public institutions governed by a numerous committee, the members of which do not always see matters in the same light or act harmoniously together. Parties will sometimes be formed among them, and one official is backed by

one party, while another is backed by a different party, and the worst consequences are necessarily produced. It is a fortunate circumstance when the manager so far possesses the confidence of the board under which he is placed as to find himself uniformly supported in the just exercise of his legitimate authority.

Still further, in the carrying into execution of projected improvements, the proprietor of a private asylum is not hampered by having to consult and to obtain the co-operation of a board who may not feel the importance of what his more practical mind may show him to be necessary for the benefit of the patients. Many circumstances conduce with the directors of public institutions generally to postpone or refuse the adoption of plans for the improvement of the trust committed to their charge. There is the expenditure of money in the first instance, which may not be easily obtained, the problematical character of the benefit to be secured, the temporary inconvenience that it would occasion, the subsequent expenses it may lead to, and a thousand other little reasons that weigh as an incubus upon the project, and lead them to prefer letting matters remain as they are, at least for a little longer, until perhaps the success of the experiment elsewhere awakens them from their lethargy, or some other circumstance leads them to listen favourably to the proposal. The proprietor of a private asylum, on the contrary, may adopt, on his own responsibility, and at his own impulse, any alteration in the system of management, style of accommodation, and construction of the buildings that he thinks likely to be conducive to the comfort and health of the patients.

There is no delay nor difficulty in carrying it into execution. The only limits to his passion for improvement are those which spring from the length of his purse and the encouragement he may think the public are disposed to give to such an expenditure. But herein consists the real inferiority of private to public asylums, the former being merely mercantile speculations, set on foot to answer a present, and, it may be, a passing purpose, do not possess the permanence that is requisite to justify a large outlay of capital in their construction. Being capable of being soon diverted to another purpose from the death or failure of the proprietor, it would not do to embark a large sum in the erection of buildings and fitting out of pleasure grounds, &c., which could not be usefully applied to any object but that for which it was originally planned. Public asylums, on the other hand, being national undertakings, deliberately resolved on, and not being likely to be diverted from their original design, naturally must command all the advantages that a generous supply of public money can secure.

It is very far from being my wish to represent private asylums, as they now exist, as being everything that ought to be desired; on the contrary, I believe, that although very much improved of late years, they are still susceptible of further advancement. All I desire to do is, to show that no such necessity exists for their entire suppression as some sanguine but mistaken philanthropists seem to believe, and that if rightly administered, under the existing system of superintendence, they are capable of an amount of good that could scarcely be maintained by

the exclusive establishment of public asylums. And whatever evils exist in them, the public have it at all times in their own power to correct, by steadily setting their face against establishments where abuses exist, and by encouraging those proprietors who desire to act honestly by their patients, and to keep pace with all the improvements that modern science is introducing into this department of practical medicine.

THE END.



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